



# State Society on Aging of New York

Founded in 1972 as the New York State Association of Gerontological Educators (NYSAGE)

[www.ssany.org](http://www.ssany.org)

## 2011 MEMBERSHIP APPLICATION FORM

(Membership Term: November 2011 - October 2012)

**Membership Types: Please select one and complete additional information on the reverse side of this page.**

**( ) Organization: \$75 per year**

Organizations are entitled to designate two voting members (and two free student memberships) who will receive the SSA newsletter, membership directory, and a discounted rate for the annual conference. The organization will also receive a free ¼ page ad in the annual conference program book.

**( ) Professional: \$40 per year**

Each professional member is a full voting member of the SSA, receives the SSA newsletter and membership directory and is entitled rate for annual conference.

**( ) Student: \$15 per year**

Each graduate or undergraduate student enrolled at least half time is a voting member of the Student Committee, receives the SSA newsletter, membership directory, and is entitled to a discounted rate for the annual conference.

**( ) Senior: \$15 per year**

Those age 65 years or older will receive the same benefits as the professional membership type.

Member 1	Member 2 (if organization membership)	Student's Name (if organization membership)
Name	Name	Name
Title	Title	Address
Organization	Organization	University Name & Email
Address	Address	<b>Student's Name (if organization membership)</b>
City, State, Zip	City, State, Zip	Name
Email	Email	Address
Tel/Fax	Tel/Fax	University Name & Email

( ) I was referred by SSA Member: \_\_\_\_\_

**Please make your check payable to "State Society on Aging" and mail your completed application to:**

Linda Guido  
Lifespan  
1900 S. Clinton Avenue  
Rochester, NY 14618

**FOR OFFICE USE ONLY**  
(send copy to Membership Committee)

\_\_\_ Renewal Membership

\_\_\_ New Membership

Signature, Treasurer \_\_\_\_\_

\_\_\_\_\_ Date payment received

\$ \_\_\_\_\_ Amount Paid

**Please review and check appropriate boxes so that we can maximize your SSA Membership Benefits:**

If **Professional Membership**, please check most appropriate category:

Psych  Social Work  Nursing  Physical Therapy  MD  Other: \_\_\_\_\_

**Type of Organization:**

Hospital  Home Care  Nursing Home  OPD/Clinic  Senior Center  Social/Adult Day Care

Government  University  Other: \_\_\_\_\_

**Please check if interested in learning about or participating in one or more of the following standing committees:**

- |                          |                           |                          |                          |
|--------------------------|---------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | Awards                    | <input type="checkbox"/> | Social Policy            |
| <input type="checkbox"/> | Budget/Finance            | <input type="checkbox"/> | Membership               |
| <input type="checkbox"/> | Education                 | <input type="checkbox"/> | Nominations              |
| <input type="checkbox"/> | Program                   | <input type="checkbox"/> | Publications             |
| <input type="checkbox"/> | Student Committee         | <input type="checkbox"/> | Planning and Development |
| <input type="checkbox"/> | Electronic Communications | <input type="checkbox"/> | Committees & Standards   |

**Areas of Interest:**

- |                          |                               |                          |                        |
|--------------------------|-------------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | Community Services            | <input type="checkbox"/> | Education              |
| <input type="checkbox"/> | Healthcare/Disease Management | <input type="checkbox"/> | Income Security        |
| <input type="checkbox"/> | Long Term Care                | <input type="checkbox"/> | Minority               |
| <input type="checkbox"/> | Nursing Homes                 | <input type="checkbox"/> | Public Policy          |
| <input type="checkbox"/> | Retirement                    | <input type="checkbox"/> | Senior Center          |
| <input type="checkbox"/> | Wellness                      | <input type="checkbox"/> | Home Care              |
| <input type="checkbox"/> | Rehabilitation Therapy        | <input type="checkbox"/> | Traumatic Brain Injury |
| <input type="checkbox"/> | Mental Health                 | <input type="checkbox"/> | Other: _____           |

Please sign ONLY if you do not wish your name in the directory:

Signature: \_\_\_\_\_