



State Society on Aging of New York

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

www.ssany.org

2017 MEMBERSHIP APPLICATION FORM

(Membership Term: January 2017 – December 2017)

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 to a discounted rate for the 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 and 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	Student's Name (if organization membership)
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:

Janna Heyman, SSA Treasurer
 c/o Fordham University Graduate School of Social Service
 400 Westchester Avenue, West Harrison, NY 10604

FOR OFFICE USE ONLY

(send copy to Membership Committee)

___ Renewal Membership

___ New Membership

_____ Date payment received

\$ _____ Amount Paid

Signature, Treasurer _____

SSA Membership Application (continued)

Member's Name: _____

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: _____