



LEHIGH VALLEY AGING IN PLACE

P. O. Box 74
Macungie, PA 18062
info@lvaginginplace.org

New Membership Application

Please complete all areas to ensure that we have the correct information
This information will be listed in the Annual Resource Guide unless otherwise indicated.

Company Name: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ FAX: _____

Cell Phone: _____ E-mail: _____

Web Site: _____

Resource Guide Listing:

I would like my listing to read: (Your listing should be 3 -4 sentences describing your services)

Five horizontal lines for writing the resource guide listing.

Full Annual Membership Dues Amount is \$125.00. Full membership entitles you to one listing in the Annual Resource Guide (printed in October) and all other rights and privileges of membership.

Prorated Membership Dues amounts depends on when you join: If you join *October 15 – December 31 dues will be \$100 for that year; January 1 – March 30 dues will be \$65; April 11 – June 30 dues will be \$35. Subsequent years will be billed at Full Annual Membership Dues Amount.

*Your listing will not appear in our Guide if you join during a prorated period until the next renewal

Lehigh Valley Aging in Place Coalition is a 501(c)3, non-profit organization.

Applicant Profile

Social Security or EIN#: _____

What service/product do you provide? _____

How long have you been providing this service/product? _____

Please list associations/organizations in which you hold memberships: _____

Business References:

Reference: Name _____

Address _____

City _____ St _____ Zip _____

Telephone Number _____

Reference: Name _____

Address _____

City _____ St _____ Zip _____

Telephone Number _____

Application for membership authorizes LVAIP to conduct a credit and reference check subject to the Fair Credit Reporting Act and relevant public law.

I have reviewed the information contained in this membership application and confirm that this information is correct to the best of my knowledge. By applying for membership in the Lehigh Valley Aging in Place Coalition (LVAIP) I agree to comply with the bylaws and Code of Ethics of the Coalition.

Signature: _____ Date: _____

LVAIP

Lehigh Valley Aging in Place

Code of Ethics

A professional's success is greatly enhanced by high ethical standards.

- To conduct your business according to high standards of honesty and fairness and to render services to your clients that, in the same circumstances, you would apply or demand for yourself.
- To provide competent and consumer-focused sales and service
- To engage in active and fair competition.
- To provide fair and expeditious handling of client business, complaints and disputes.
- To make all advertising and sales promotion factually accurate with respect to product description, performance specifications and cost/benefit analysis, and by avoiding those practices which tend to mislead or deceive the customer.

Sign _____

Company/Organization _____

Date _____

OUR MISSION STATEMENT

The mission of the Lehigh Valley Aging in Place Coalition (LVAIP) is to provide an ongoing forum for professionals from private, public, non-profit and business sectors to inform, educate and help older adults age in place. We provide information and solutions to older adults and their families to be proactive in planning their future needs