

International Council on Active Aging



ICAA • 3307 Trutch St. • Vancouver, B.C., Canada V6L 2T3 • 866.335.9777 • 604.734.4466

FAX IT FAST 604.708.4464

JOIN ICAA and become part of a network of professionals committed to improving the quality of life for older adults.

Name _____ Title _____
 (Required)
 Organization/Agency _____
 Mailing Address _____
 City _____ State/Province _____
 Country _____ Zip/Postal Code _____
 Phone (_____) _____ Cell (_____) _____
 Email _____

MEMBERSHIP OPTIONS

MEMBERSHIP DUES*

Organization member, 1–4 locations (\$659 each location) _____
 (includes 5 staff per location)

Organization member, 5–13 locations (\$409 each location) _____
 (includes 5 staff per location, at least 5 locations must be enrolled)

ICAA 100, 14+ locations** (\$5,500, flat fee) _____
 (includes 5 staff per location)

Individual (\$219) _____

SUBSCRIPTION ONLY

Journal on Active Aging (7 issues) and a complimentary copy of ICAA Preferred Business Partners Guide (\$119) _____

TOTAL \$ _____

In the fees you pay to ICAA, \$119 per person is the annual price for 7 issues of the Journal on Active Aging and a complimentary copy of the ICAA Preferred Business Partners Guide.

* Fees subject to change. ** Some restrictions apply. Call for information.

PAYMENT INFORMATION

All prices in US Dollars.

Check (payable to International Council on Active Aging)
 Please charge my VISA or MasterCard



_____/_____/_____/_____

Card number _____

Expiration date _____ CV# _____

X _____

Date _____

I acknowledge by signing this membership application that I am requesting ICAA to charge my credit card or cash my check for the amount shown on this form.

Questions? Call ICAA Member Services toll-free 866-335-9777.

MEMBER REFERRAL

Did a colleague refer you to ICAA? Please write name and email address.

If your colleague is a member of ICAA, she or he will be entered into a drawing.

MEMBER PROFILE

How did you hear about ICAA?

Which of the following best describes your affiliation? (Check one)

- Active adult community
- Assisted living
- Independent living
- Skilled nursing
- CCRC
- Area Agency on Aging
- Hospital, rehab, wellness center
- YMCA/YWCA/JCC
- Municipality
- College/university
- Health club
- Corporate fitness center
- Personal training studio
- Association
- Other (Please specify) _____

No. of locations? _____

Will you be expanding, renovating or moving into your community/center in the next 6 months?

Yes No