

## **Oklahoma Alliance on Aging**

PO Box 12008, Oklahoma City, OK 73157 (405) 943-1895 info@OkAllianceOnAging.org

## **Membership Form**

The Oklahoma Alliance on Aging is a 501(c)3 non-partisan coalition with a mission to identify the needs of aging Oklahomans, provide education on issues, and advocate for solutions. It is funded by dues, donations, and grants.

## **Member Benefits**

- Be informed on issues affecting aging Oklahomans
- Receive a quarterly newsletter
- Participate in an annual survey on issues
- Receive critical advocacy updates
- Be notified of educational events
- Have a voice in identifying and prioritizing concerns for advocacy

| Level of Support   |    | Individual | Organization<br>Membership |                 | Business<br>Membership |               | Donation Only                         |
|--|----|------------|----------------------------|-----------------|------------------------|---------------|---------------------------------------|
|  | IV | lembership |                            | (non-profit)    | ļ '                    | (for-profit)  | (no membership)                       |
|  |    | New        |                            | New             |                        | New           |                                       |
|  |    | Renewal    |                            | Renewal         |                        | Renewal       |                                       |
|  |    |            |                            |                 |                        |               | 1                                     |
| Regular  |    | \$25       |                            | \$100           |                        | \$500         |                                       |
|  |    |            |                            |                 |                        |               |                                       |
| Premier  |    | \$100      |                            | \$250           |                        | \$1000        |                                       |
| Bus water lavest due a marriale a biology lavest of account                      |    |            |                            |                 |                        |               |                                       |
| Premier level dues provide a higher level of support.                            |    |            |                            |                 |                        |               |                                       |
| Additional   | Am | Amount     |                            | Amount          |                        | nount         | Amount                                |
| Donation   | \$ |            | \$                         |                 | \$                     |               | \$                                    |
| T  |    |            |                            |                 |                        |               | · · · · · · · · · · · · · · · · · · · |
| <b>Donations</b> above dues amounts are tax-deductible to the extent law allows. |    |            |                            |                 |                        |               |                                       |
|  |    |            |                            |                 |                        |               |                                       |
| N.I.   | T  |            |                            |                 |                        |               |                                       |
| Name   |    |            |                            |                 |                        |               |                                       |
| Mailing Address  |    |            |                            |                 |                        |               |                                       |
| City / State / Zip   |    |            |                            |                 |                        |               |                                       |
| Phone  |    |            |                            |                 |                        |               |                                       |
| Email  |    |            |                            |                 |                        |               |                                       |
| Mail this form and your check to the address above.                              |    |            |                            |                 |                        |               |                                       |
| I want to  |    | Y D N      | anu                        | your check to t | ile d                  | iuuress above |                                       |
| volunteer  |    | T LI IN    |                            |                 |                        |               |                                       |
| I want to be on  |    | Y D N      |                            |                 |                        |               |                                       |
| a committee  | _  | . 🗕 📉      |                            |                 |                        |               |                                       |
| a committee  |    |            |                            |                 |                        |               |                                       |