The Council’s mission is to build a strong, multidisciplinary network that promotes the wellbeing of older Mainers. We envision a Maine with communities, workplaces and systems of care which allow older Mainers to thrive.

Membership Application Form

Name of Organization: __________________________________________________________

Contact Name & Title: __________________________________________________________

Address: ______________________________________________________________________

Phone: ___________________________ Fax: ___________________________

Email Address: ________________________________________________________________

Website: __________________________________________________________

Membership Year: October 1 – September 30

Membership Dues Levels:

___ $5000 ___ $2500 ___ $1000 – Sustaining Patrons
___ $700 – For-profit corporations
___ $500 – Non-profit entities and educational institutions
___ $250 – Municipalities
___ $250 – Aging in Place/Age Friendly Community Initiatives
___ $250 – Sole Proprietors
___ $150 – Associate members (a member of one of the Council’s existing members, i.e. trade association member)

Membership status and dues will be reviewed annually before the start of the next MCOA fiscal year – October 1. **Dues are to be paid in full at the beginning of each membership year.**

Additional contribution:
MCOA carries out its mission to support Maine older adults thriving in their communities through innovative policy solutions, advocacy and outreach, an annual Summit on Aging, and collaborative work with federal, state and local partners—all on a very lean budget. Please consider an additional personal contribution to our statewide work. **We thank you!**

___ $25 ___ $50 ___ $100 ___ $200 ___ Other

Membership Agreement:
My organization supports the mission of the Maine Council on Aging and is pleased to become a member to help advance this mission.

_________________________ ______________________
Signature Date