

# Coalition for Older Adult Health Promotion

## 2024 MEMBERSHIP & DUES REQUEST

According to the COAHP bylaws, "Annual membership dues are assessed for an individual membership of per agency/organization/program. An individual membership fee is charged for each additional person or program within an agency/organization.

Complete the section below that reflects your membership status  
Membership Dues:

Organization/Agency/Program Membership.....Dues \$50.00

Individual Membership.....Dues \$25.00

Name of Organization/Agency/Program \_\_\_\_\_

Name of Primary Contact \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Speaker suggestions: \_\_\_\_\_

Topic suggestions: \_\_\_\_\_

Name(s) and e-mail address of up to 5 organization members/employees who will attend under membership:

Name	Email address
1.	
2.	
3.	
4.	
5.	

Type of Business: (Please circle) DME/Equipment Provider    Financial/Planning/Investment  
 Government Agency                      Home Health Provider                      Insurance  
 Law    Living Community                              Non-Profit  
 State Program                              Other \_\_\_\_\_

**Two \$1,000 scholarships are awarded each year to students with a desire to offer quality services or improve/increase existing services to seniors in the Lincoln area.  
Please consider contributing to the COAHP Scholarship Fund:**

<b>COAHP – Scholarship</b>
Pledge my gift of:
_____ \$10    _____ \$20    _____ \$30    _____ \$40    _____ \$50    _____ \$100    _____ Other

PLEASE MAKE CHECKS PAYABLE TO: Coalition for Older Adult Health Promotion (COAHP)  
Send to: COAHP, P.O. Box 57381, Lincoln, Nebraska 68505