

Coalition for Older Adult Health Promotion

2026 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:**

<p style="text-align: center;">COAHP – Scholarship</p> <p>Pledge my gift of:</p> <p>_____ \$10 _____ \$20 _____ \$30 _____ \$40 _____ \$50 _____ \$100 _____ Other</p>

Remit Membership Dues by January 31, 2026

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