



MEMBERSHIP APPLICATION | RENEWAL INVOICE

April 1, 2008 – March 31, 2009

To apply for CCGG Membership, please complete and submit the form below. This information assists CCGG to better identify your needs and provide you with the best possible service. If you have any questions, please feel free to contact us. Thank you for your time.

Please remit to:

California Council on Gerontology & Geriatrics
10945 Le Conte Avenue, Suite 2339
Los Angeles, California 90095-1687

Contact Us:

For more information, please contact the
CCGG Executive Office at:
TEL 310.312.0531 | FAX 310.312.0546
EMAIL ccggoffice@ucla.edu

I have already submitted my 2008 – 2009 membership dues. *Please update your records accordingly.*

Payment by check: Check No. _____

Payment made online: Online Submission Date ____ / ____ / ____

CONTACT INFORMATION

Name: _____ Academic Degree(s): _____

Job Title: _____ Employer: _____

Mailing Address: _____

Home Office

City, State, Zip Code: _____ E-mail Address: _____

Phone Number: _____ Fax Number: _____

ACADEMIC BACKGROUND

Name of College or University (including current enrollment)	City and State	Curriculum Major	Title of Degree(s) Received or Date Expected	Month/Year Degree Received or Expected

PROFESSIONAL EXPERIENCE

Please complete if the information is not provided above.

Employer: _____

Employer City, State: _____

Zip Code: _____

Percentage of time spent on aging-related work: ____ %

Work functions: _____

I am retired. From: _____

JOIN A COMMITTEE

*All members are encouraged to join one or more committee(s).
For more information, visit: www.ccg.org*

- Association Development Marketing & Membership
- Awards Nominations & Elections
- Education Policy

** Your e-mail address is required for all committee correspondence.*

Please indicate specific skills/knowledge for your committee choice: _____

PROFESSIONAL ROLE

Please indicate the ONE category which best describes your professional role:

- Administration | Management
- Consulting
- Direct Service
- Education | Teaching
- Patient Care
- Planning
- Research
- Other, please specify: _____

FIELD(S) OF PRACTICE | INTEREST

Please check ALL that apply:

- | | |
|---|--|
| <input type="checkbox"/> Anthropology | <input type="checkbox"/> Law Law Enforcement |
| <input type="checkbox"/> Architecture Housing | <input type="checkbox"/> Medicine |
| <input type="checkbox"/> Behavioral Sciences | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Biology | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Business | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Education | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Economics | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Gerontology (degree program) | <input type="checkbox"/> Psychology Counseling |
| <input type="checkbox"/> Government Services Policy | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Health Administration | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Humanities & Arts | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Other, please specify: _____ | |

INSTITUTION

Please indicate the ONE category that best describes your organization:

- | | |
|--|---|
| <input type="checkbox"/> State or Local Government | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> Clinic |
| <input type="checkbox"/> Community College (CC) | <input type="checkbox"/> Long-Term Care |
| <input type="checkbox"/> California State University (CSU) | <input type="checkbox"/> Community Center |
| <input type="checkbox"/> University of California (UC) | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Private University College | <input type="checkbox"/> Private Industry |
| <input type="checkbox"/> Vocational Technical School | <input type="checkbox"/> Private Practice |
| <input type="checkbox"/> Other, please specify: _____ | |

FOR OFFICE USE ONLY

DR: _____
 PD: _____
 PDD: _____
 EB: _____
 Notes: _____

MEMBERSHIP CATEGORY & PAYMENT DUES

- Individual Member \$95.00
- Student Member \$35.00
- Elder Member \$35.00
- Institutional Member \$225.00

* Tax-deductible Contribution: \$ _____

Total Amount to be Paid: \$ _____

* CCGG Federal Tax I.D.# 95-3726464

- Check made payable to **CCGG**
 - Charge my credit card: Visa MasterCard
- Account No. _____

Cardholder's Name: _____

Expiration Date: _____

Authorization Signature (required): _____

Would you like to receive the CCGG Newsletter electronically?

If YES, your e-mail address is required: Yes No

E-mail Address: _____

Would you like to be listed in the Membership Directory on the CCGG website? Yes No

INSTITUTIONAL MEMBERS ONLY

Please provide contact information for up to two (2) additional individuals:

MEMBER #2

Name: _____

Academic Degree(s): _____

Job Title: _____

Employer: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

MEMBER #3

Name: _____

Academic Degree(s): _____

Job Title: _____

Employer: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____