

MEMBERSHIP LEVELS

THREE MEMBERSHIP LEVELS TO CHOOSE FROM

1. PLATINUM LEVEL

- 18 In-Facility Programs
- Your Facility Name & Hyperlink (provided by facility) on our Web Site
- Your Facility Name on Creative Aging Cincinnati brochures & programs
- \$1900

2. GOLD LEVEL

- 12 In-Facility Programs
- Your Facility Name & Hyperlink (provided by facility) on our Web Site
- Your Facility Name on Creative Aging Cincinnati brochures & programs
- \$1300

3. SILVER LEVEL

- 6 In-Facility Programs
- Your Facility Name & Hyperlink (provided by facility) on our Web Site
- Your Facility Name on Creative Aging Cincinnati brochures & programs
- \$700

* Payment plans available upon request.

* Activity Director responsible for supplying facility website for hyperlink on the Creative Aging website.

*All Creative Aging programs must be scheduled through the Program Director at 200-6940. All programs must be used during the calendar year of membership as they do not carry over.

*Our website (www.creativeagingcincinnati.org) is the best place to find the most current listing of program options. If you do not have access to the website, we will provide a hard copy version of our program options. Please check the box on enrollment form to request this. Facility must fill out the provided Program Data Sheet following each performance and return via email, mail or fax immediately following the program.

MEMBERSHIP ENROLLMENT FORM
Fill out and return to: Creative Aging Cincinnati
7970 Beechmont Avenue, Cincinnati, Ohio 45255

Facility Name: _____

Address: _____

County _____

Activity Director's Name: _____

Telephone #: _____ Fax #: _____

Email _____

Facility Website address: _____

(must be provided if facility wishes to have hyperlink on our website)

WEBSITE ACCESS : (Please check one):

- I **do** have access to the website and understand that all current program options can be found on the website.
- I **do not** have access to the website and therefore need a hard copy of available programs mailed to me at the above address.

MEMBERSHIP LEVEL DESIRED: (please check one):

- Platinum Medal- 18 programs (\$1900) Gold Medal -12 programs (\$1300)
- Silver Medal – 6 programs (\$700)

The following statement is to be signed by the Activity Director and is part of the membership agreement between Creative Aging and the Facility.

I agree to schedule all of our Creative Aging programs through the Program Director at 200-6940. I understand that all of our programs must be scheduled during the calendar year of membership as they do not carry over. I agree to pay in full or pay per the agreed upon payment plan (below). I understand the Program Data Sheet is required following each program. I agree to complete, or make appropriate arrangements for completion, Creative Aging's **Program Data Sheet** both **accurately** and **completely**, and return it as directed to Creative Aging Cincinnati **immediately following every program via email, mail or fax.** I understand that failure to comply may result in termination of the working relationship.

****Payment-** To be paid in full

Payment Plan (specify) _____

By signing below I agree to the above terms.

Signature _____ Date _____

Print Name _____ Title _____