

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
- \$2100

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
- \$1500

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
- \$800

* Payment plans available upon request.

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

*In order for your facility to be listed in the annual printed program, forms must be returned by January 15th.

*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.

*Please note that some artists charge an additional fee on holidays which would be the responsibility of the facility. Prior to booking, the facility will be asked if they wish to pay the additional fee or choose another artist.

* In the event that a program has been scheduled and confirmed and then is cancelled by facility less than 24 hours in advance, program may count as one membership program. For those cancelled by facility after the artist is en route or after they have arrived, program will count as one membership program.

*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**

P.O. Box 428638, Cincinnati, Ohio 45242-8638

Facility Name: _____

Address/ City/ Zip _____

County _____

Activity Director's Name: _____

Telephone #: _____ Email _____

Facility Marketing Professional Name _____

Telephone# _____ Email _____

Facility Website address: _____

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

Type of Facility— Nursing Home--- Retirement Village --- Assisted Living--- Independent Living
(Circle all that apply)

Senior Center(s) --- Day Program -----Church---- Other- _____

*****In order to report accurate numbers below, please obtain this information from your admissions staff if you do not have access to it. This section is required so that we can report accurately to our funders.**

- 1) Current total # of residents/participants in entire facility _____
- 2) Current total # of residents/participants that are low income (those with annual income at or below 100% of the Federal poverty guideline) _____
- 3) Current total # of residents/participants that are minority (includes African American, Hispanic Origin, American Indian, Alaskan Native, Asian American/Pacific Islander) _____

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
(\$2100)

Gold Medal -12 programs
(\$1500)

Silver Medal – 6 programs
(\$800)

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 that in the event that a program has been scheduled and confirmed and then is cancelled less than 24 hours in advance, the cancelled program may count as one membership program. For those cancelled after the artist is en route or after they have arrived, the program will count as one membership program. 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 website, email or mail**. I understand that failure to comply may result in termination of the working relationship.

****Payment-** To be paid in full Payment Plan (please specify) _____

By signing below I agree to the above terms.

Signature _____
Print Name _____

Date _____
Title _____