

# California Program of All-Inclusive Care for the Elderly (CalPACE) Affiliate Application



## Company Information

Company Name		Website
Address		Suite/Floor
City	State/Country	ZIP
Main Company Phone <i>(for directory listing)</i>	Main Company E-mail <i>(for directory listing)</i>	
Contact Name	Contact Title	
Contact Email	Contact Direct Phone	

## Professional Information

Check the profession that you represent:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accountant                         | <input type="checkbox"/> Food Service Company     | <input type="checkbox"/> Nonprofit / Government           |
| <input type="checkbox"/> Architect                          | <input type="checkbox"/> Insurance Provider       | <input type="checkbox"/> Pharmacy                         |
| <input type="checkbox"/> Bank                               | <input type="checkbox"/> Law Firm                 | <input type="checkbox"/> Rehabilitation Services Provider |
| <input type="checkbox"/> Consultant                         | <input type="checkbox"/> Medical Product Provider | <input type="checkbox"/> Transportation Services Provider |
| <input type="checkbox"/> Electronic Medical Record Provider | <input type="checkbox"/> Medical Service Provider | <input type="checkbox"/> Other _____                      |

Briefly describe your product or services \_\_\_\_\_

Does your organization currently offer these products or services to PACE organizations?  Yes  No

## Annual Dues

Annual dues are calculated on a fiscal year, July to June. New affiliate dues are prorated quarterly.

- July 1 to September 30.....\$2,500
- October 1 to December 31.....\$1,875
- January 1 to March 31.....\$1,250
- April 1 to June 30.....\$ 625

## Payment

Submit full payment of your Affiliate dues. Dues are non-refundable and non-transferable. Dues are not a tax-deductible donation, but may be eligible as a business expense deduction.

Check # \_\_\_\_\_ (payable to CalPACE)      Visa      Master Card      Amount Authorized for Charge \$ \_\_\_\_\_

Card Number      Expiration Date      Billing Zip Code      CVC (3 digit code on back of card)

Name of Cardholder      Signature      Date

## Terms & Conditions

Designation as a CalPACE Affiliate is available to organizations/professionals that are interested in the objectives of CalPACE and provide or offer products or services to our members and must not be an excluded organization from participation in state or federally funded programs. To be considered for designation as a CalPACE Affiliate, an interested organization must complete the CalPACE Affiliates application and submit full payment. Organizations designated as CalPACE Affiliates may use the CalPACE Affiliate name and/or logo in accordance with the CalPACE marketing guidelines. The CalPACE board reserves the right to terminate a designation of any organization that does not comply with the policies and requirements governing the CalPACE Affiliate program. Determinations of the board are final.

I agree to abide by the CalPACE policies governing CalPACE Affiliates. \_\_\_\_\_  
Signature      Date

### Please remit application and payment to:

CalPACE, 1315 I Street, Suite 100, Sacramento, CA 95814  
Questions? Please send an email to [jblankenship@calpace.org](mailto:jblankenship@calpace.org) or call (916) 469 – 3386.