

California Program of All-Inclusive Care for the Elderly (CalPACE) Associate Member Application



Company Information

Company Name		Website
Address		Suite/Floor
City	State/Country	ZIP
Main Company Phone	Counties to be served	
Contact Name	Contact Title	
Contact Email	Contact Direct Phone	

Associate Membership Categories

CalPACE offers two Associate membership categories: "Application Approved by DHCS" and "Exploring PACE". Please select the appropriate category.

Application Approved by DHCS

- DHCS has certified application for CMS approval.
- Application is under review by CMS.

Exploring PACE

- Submitted Letter of Intent to become a PACE provider to DHCS.
- Actively working on PACE application.

Annual Dues

Annual dues are calculated on a fiscal year, July to June. New Associate member dues are prorated quarterly, per the tables below.

Application Approved by DHCS

July 1 to June 30.....\$13,000

Exploring PACE

July 1 to June 30.....\$5,000

Payment

Please invoice my organization for membership fee in the amount of \$ _____

Payment enclosed; check number _____ amount \$ _____

Terms & Conditions

Dues are non-refundable and non-transferable. Membership in CalPACE will commence when CalPACE Board of Directors approves the application and the membership dues payment have been received. Determinations of the board are final.

I certify that the organization requesting membership approval meets the criteria for membership in the category to which it has applied.

Signature

Date

Please remit application and payment to:

CalPACE, 1315 I Street, Suite 100, Sacramento, CA 95814

Questions? Please send an email to hello@calpace.org or call (855) 921-PACE