



# Membership Application

## For Individuals and Public/Non-Profits

**\*\*Please note: Prospective members of NAIPC® are required to pass a background check before submitting a membership application. For more information, please visit: <http://www.ageinplace.org/About-Us/Become-a-Member>**

### Select National Membership Category

| Choose One               | Membership Category                 | Category Description  | Annual Dues |
|--------------------------|-------------------------------------|---|-------------|
| <input type="checkbox"/> | <b>Individual Membership</b>        | An individual who provides a product or service that enables seniors to age in place.                                     | \$135       |
| <input type="checkbox"/> | <b>Public/Non-Profit Membership</b> | An individual employed by a public or non-profit agency that offers a product or service that helps seniors age in place. | \$65        |

### Member Information

(Information in this section will be used to populate your service provider listing on [ageinplace.org](http://ageinplace.org).)

Name \_\_\_\_\_

Firm/Company \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Website \_\_\_\_\_

Employer Identification Number (Non-Profits Only) \_\_\_\_\_

### Payment Information

Check payable to NAIPC®  Visa  MasterCard  AmEx

Total Amount Due (national dues + chapter dues) \$ \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**\*All information requested above is required for credit card payment.**

| Select Local Chapter (optional)                            | Additional Annual Dues |
|--|------------------------|
| <input type="checkbox"/> Boston, MA                        | \$50                   |
| <input type="checkbox"/> Eastern Shore, MD                 | \$0                    |
| <input type="checkbox"/> Greater Atlanta, GA               | \$50                   |
| <input type="checkbox"/> Greater Charleston, SC            | \$50                   |
| <input type="checkbox"/> Greater Kansas City Area          | \$50                   |
| <input type="checkbox"/> Greater Pittsburgh                | \$50                   |
| <input type="checkbox"/> Greater Sacramento                | \$50                   |
| <input type="checkbox"/> Jackson, MS                       | \$50                   |
| <input type="checkbox"/> Long Island, NY                   | \$60                   |
| <input type="checkbox"/> Minneapolis/St. Paul, MN          | \$35                   |
| <input type="checkbox"/> Naples, FL                        | \$25                   |
| <input type="checkbox"/> New Hampshire                     | \$50                   |
| <input type="checkbox"/> Orange County, CA                 | \$60                   |
| <input type="checkbox"/> Philadelphia, PA                  | \$0                    |
| <input type="checkbox"/> San Diego, CA                     | \$45                   |
| <input type="checkbox"/> Tri County of Greater Los Angeles | \$50                   |
| <input type="checkbox"/> Triangle, NC                      | \$35                   |
| <input type="checkbox"/> Western and Central VA            | \$50                   |

**Please return form and payment to:**

National Aging in Place Council®  
 1400 16th Street NW · Suite 420  
 Washington, DC 20036  
 Tel. 202.939.1770 · Fax. 202.265.4435  
[www.NAIPC.org](http://www.NAIPC.org)  
[jhoefer@dworbell.com](mailto:jhoefer@dworbell.com)

If you have any questions, please contact Jessica Hoefler at [jhoefer@dworbell.com](mailto:jhoefer@dworbell.com) or (202) 939-1796.

# Service Provider Listing Form



Upon approval of your membership application, a service provider listing will be created for you on ageinplace.org. Please complete this form to include any information that should appear in your service provider listing.

Please indicate your category of service. Select, **ONLY**, one primary and one secondary option and mark it with a P or a S.

|   |  |
|---|--|
| <input type="checkbox"/> Adult Day Services/Day Care    | <input type="checkbox"/> Housing                         |
| <input type="checkbox"/> Advisory Services              | <input type="checkbox"/> In-Home Care                    |
| <input type="checkbox"/> Advocacy                       | <input type="checkbox"/> Independent Living Community    |
| <input type="checkbox"/> Architecture                   | <input type="checkbox"/> Insurance Services              |
| <input type="checkbox"/> Assisted Living                | <input type="checkbox"/> Interior Design/Home Remodeling |
| <input type="checkbox"/> Audiology                      | <input type="checkbox"/> Landscaping                     |
| <input type="checkbox"/> Cleaning Services              | <input type="checkbox"/> Lifestyle Transition Services   |
| <input type="checkbox"/> CPA                            | <input type="checkbox"/> Meal Providers                  |
| <input type="checkbox"/> Daily Money Management         | <input type="checkbox"/> Medical Doctor                  |
| <input type="checkbox"/> Education on Aging             | <input type="checkbox"/> Nutrition                       |
| <input type="checkbox"/> Elder Law                      | <input type="checkbox"/> Occupational Therapy            |
| <input type="checkbox"/> Elder Mediation                | <input type="checkbox"/> Physical Therapy                |
| <input type="checkbox"/> Emergency System Services      | <input type="checkbox"/> Products                        |
| <input type="checkbox"/> Financial Planning             | <input type="checkbox"/> Public/Non-Profit Resources     |
| <input type="checkbox"/> Fitness                        | <input type="checkbox"/> Publications                    |
| <input type="checkbox"/> Funeral Care                   | <input type="checkbox"/> Real Estate Services            |
| <input type="checkbox"/> Geriatric Care Management      | <input type="checkbox"/> Respite Services                |
| <input type="checkbox"/> Gerontology                    | <input type="checkbox"/> Reverse Mortgage/Home Financing |
| <input type="checkbox"/> Health                         | <input type="checkbox"/> Senior Communications           |
| <input type="checkbox"/> Healthcare                     | <input type="checkbox"/> Senior Move Manager             |
| <input type="checkbox"/> Home Accessibility Consultants | <input type="checkbox"/> Senior Placement                |
| <input type="checkbox"/> Home Organizing                | <input type="checkbox"/> Technology                      |
| <input type="checkbox"/> Hospice                        | <input type="checkbox"/> Transportation                  |

To include any additional information in your service listing (company overview, service provider biography, images, etc.), please email [jhoefer@dworbell.com](mailto:jhoefer@dworbell.com). Please include your full name and the name of your firm/company in the email.

# Code of Conduct



Members of the National Aging in Place Council® are mindful that their success depends upon honor and integrity. To this end, NAIPC® members are bound by the following Code of Conduct.

1. Every member is committed to treating all clients, their families, and friends with respect and dignity.
2. Every member is committed to conducting themselves with the utmost honesty and integrity in his or her community.
3. Every member will take appropriate measures to maintain competence in their profession.
4. Every member will protect a client's privacy and confidentiality.
5. Every member promises that any product sold will be consistent with the needs of the client.
6. If alternative options are available, a member will present all available options they offer that fit the needs of the consumer, as articulated by that consumer.
7. Every member will only suggest a third party company they know and trust.
8. Every member will take responsibility to report any suspected abuse or violations of the Code of Conduct of NAIPC® members to the National Aging in Place Council®.
9. Every member will make a good-faith effort to resolve concerns received from individuals regarding any service or product.
10. Every member will encourage clients to talk to family or other trusted advisers before deciding on purchasing a product or service.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Background Check Requirement



NAIPC® requires all members to pass a background check. To be approved for membership, you must provide proof of a passing background check. This applies to all classes of membership, including individual members as well as delegates of a corporate membership. The background check must be conducted on the person wishing to join NAIPC®, not on the company. Thereafter, the background check must be updated every three years.

Individuals who have had a background check conducted previously for their profession or some other licensure or certification may submit that documentation to the NAIPC® National Office, in lieu of initiating a new background check. The documentation must include:

- Name of member
- Date of background check
- Agency that performed the background check
- Result of the background check

For the convenience of individuals who have not had a background check performed in the last three years, NAIPC® has partnered with [monitorbgc.com](http://monitorbgc.com) to administer the required background check. The National Aging In Place Council® Screening Package costs \$25, (plus any additional court or county fees if needed). To request a background check, please follow these instructions:

1. Contact Peter Yvanovich to request a background check, either by email ([peter@monitorbgc.com](mailto:peter@monitorbgc.com)) or regular mail (mailing address listed below). Your request must include the following: name, email address, date of birth, social security number, and a note that the background check is being conducted for NAIPC® Membership.
2. Submit payment in the form of a check for \$25 made out to “New England Inventory & Appraisal Services, Inc.” Check should be mailed to:

New England Inventory & Appraisal Services, Inc.  
77 Boxboro Road  
Stow, MA 01775

Once payment has been received, the background check will be conducted.

3. Members will receive the result of their background check via email within 2-3 business days of receipt of payment and should forward the information to the NAIPC® National Office (contact information listed below).

Go to [www.monitorbgc.com](http://www.monitorbgc.com) if you wish to learn more about the background checks. For customer assistance, please contact [peter@monitorbgc.com](mailto:peter@monitorbgc.com) or call (978) 807-0589; Monday-Friday, 8am-5pm EST. When calling, please identify yourself as a “National Aging in Place Council” member.

Please send your background check documentation to:

NAIPC®  
ATTN: Jessica Hoefler  
1400 16th Street NW  
Suite 420  
Washington, DC 20036  
[jhoefler@dworbell.com](mailto:jhoefler@dworbell.com)  
Fax: (202) 265-4435