



Diversity Advocacy Network (DAN)

Membership Application

Full legal name of your Organization

Please describe your organization's core service or activity:

PRIMARY ORGANIZATION CONTACT

First & Last Name:

Email:

Telephone:

Indicate the areas of interest you have in supporting DAN. Please check the corresponding boxes below:

Master Plan for Aging (MPA)

Participation in MPA Regional Community Listening Sessions

Development of a Regional Rural MPA Concept Blueprint

Participant in Rural MPA Regional Advisory Committee - Monthly Meeting

Advocacy Day Planning - Interviewing Regional Elected Officials

SECONDARY ORGANIZATION CONTACT

First & Last Name:

Email:

Telephone:

Indicate the areas of interest you have in supporting DAN. Please check the corresponding boxes below:

Master Plan for Aging (MPA)

Participation in MPA Regional Community Listening Sessions

Development of a Regional Rural MPA Concept Blueprint

Participant in Rural MPA Regional Advisory Committee - Monthly Meeting

Advocacy Day Planning - Interviewing Regional Elected Officials

Our organization endorses the DAN Coalition's Mission and Principles.

Our organization has reviewed and agrees to consider sponsorships and/or in-kind donations to support DAN Coalition activities.

I grant to DAN permission to use, publish, and reproduce, for all purposes related to education and promotion of DAN Coalition activities, my name, pictures of me in film or electronic (video) form, sound and video recordings of my voice, and printed and electronic copy of the information in any and all media formats. This permission continues until I revoke the permission in writing.

Please provide a fine-quality copy of your organization's logo to carolyn@actionctr.org. Additionally, if you have an organization tag line or slogan, please note it above.

Thank you for completing the application! Please save this document and send a copy to carolyn@actionctr.org for processing.