



Livingston County Consortium on Aging

The Livingston County Consortium on Aging was established for collaboration, advocacy and communication between agencies and persons concerned with the provision of services to all older adults in our community. Through our efforts in the community providing two long standing events, The Annual Caregiver Fair and Livingston County Senior Power Day, we provide grants to local non-profit agencies that serve our Livingston County Seniors.

In the past few years, LCCOA has been able to gift thousands of dollars, to organizations who used the gift to provide programs, services, and equipment to aging adults in Livingston County. We know that there are many unmet needs and priorities in the county and feel fortunate to be able to provide a small gift that will positively impact one or more areas of the community through:

- Active Aging (geriatric services, health and fitness opportunities)
- Aging in Place (safe, affordable housing, either in their own(ed) home or communal)
- Community Engaging Seniors (keeping them involved, and regarded as valued)
- Community Infrastructure (gathering spots, transportation, health care, food)

We welcome new members to the group to help us to continue to collaborate, advocate and communicate the needs and services available for aging adults in Livingston County.

To become a member, with voting rights, there is a non-refundable, \$25.00 yearly membership fee. This fee consists of a calendar year (January– December) and should be paid annually at the start of the year. An invoice can be provided if necessary. A member's voting rights and benefits will take into effect after attending the third consecutive meeting. These benefits include voting rights, discounted vendor tables at events and added exposure at the LCCOA events.



Livingston County Consortium on Aging 2021 Membership Registration Form

Business or Organization Name: _____

(Please list as you wish to be recognized on the website)

Address: _____

Contact person: _____

Phone: _____

E-mail: _____

Website: _____

Please indicate below the appropriate category for your organization:

LCCOA Member, For Profit

LCCOA Member, Non– Profit *

*Please provide your 501c3 Number if identifying as a Non-Profit: _____

Membership is for the calendar year. Amount will not be prorated. Membership benefits take effect after attending the 3rd consecutive meeting.

Registrations and payment can be mailed to the attention of:

Livingston County Consortium on Aging Box 142 4337 Grand River Howell, MI 48843

I have read the above mentioned requirements:

Signature: _____ Date: _____