



Koreisha Senior Care & Advocacy
P.O. Box 1691
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(866) KSCA-ORG
www.koreishasca.org
membership@koreishasca.org

Koreisha Senior Care & Advocacy

Membership Application

Please Print Legibly

Full Name: _____

Street: _____

City: _____ **ST:** _____ **ZIP:** _____

Telephone Number: _____ **Home** **Work** **Mobile**

Email Address: _____

Donation (suggested minimum of \$20): _____

Yes___ No___: I request email updates on the activities of Koreisha.

Yes___ No___: I request Active membership status which allows me to vote for the Board of Directors every two years with the understanding that I must support the goals of Koreisha by active participation in at least four meetings or events sponsored by Koreisha Senior Care & Advocacy.

Signed: _____

Date: _____

Annual Membership is defined as the period starting May 1 and ending April 30 of the following year. Membership must be renewed annually in order to maintain active status. Voting privileges require minimum 2 consecutive periods of active membership.