SENIORNICITY®

BEACH CITIES

CHAPTER MEMBERSHIP

APPLICATION PACKET

949-284-5680

Seniornicity.com/Community

SENIORNICITY

Membership Investment

Annual Chapter Membership $499 per year

Your Chapter Membership Includes

✓ **Complimentary enrollment in the Seniornicity STS® (Senior Transition Specialist®) Certification Program *(A valuable professional designation designed to help you better serve seniors and their families.)***

✓ **Priority placement as one of a limited number of approved professionals within your profession for each selected city. *(Chapter membership is intentionally limited to maintain quality, encourage collaboration, and provide meaningful visibility for every member.)***

✓ **Listing in up to four (4) cities of your choice. *(Additional cities may be added based on availability.)***

✓ **Priority placement & professional profile on Seniornicity.com, including your contact information, photo, video & written biography, services provided, photos, certifications, badges and business information.**

✓ **Monthly chapter meetings focused on networking, education, collaboration, and community engagement. (Seniors and Family members)**

✓ **Participation in webinars, conferences, tradeshows and events.**

✓ **Opportunities to participate as a speaker, educator, panelist, or sponsor at Seniornicity events and educational programs.**

✓ **Eligibility to receive referrals through the Seniornicity Chapter ecosystem.**

✓ **Opportunities to collaborate with fellow Chapter Members & trusted referrals.**

✓ **Professional recognition as part of a curated network of senior-focused professionals committed to integrity, education, and collaboration.**

✓ **Access to future member benefits, educational resources, marketing opportunities, and exclusive chapter communications. (SATI pronounced...Saddie)**

✓ **Dedicated and exclusive profile on the Seniornicity Community (social media app)**

SENIORNICITY® CHAPTER MEMBERSHIP APPLICATION

Working Together to Better Serve Seniors & Their Families in our Community

Thank you for your interest in joining a Seniornicity® Chapter.

Seniornicity Chapters are intentionally limited in size to promote collaboration, meaningful networking, and exceptional service for seniors and their families. Membership is reviewed based on qualifications, experience, professionalism, and chapter availability.

APPLICANT INFORMATION

Full Name_____

Company Name_____

Professional Title_____

Email Address_____

Mobile Phone_____

Office Phone_____

Business Street Address_____

City _____

State _____

Zip _____

Website_____

LinkedIn Profile_____

Facebook Business Profile_____

PROFESSIONAL CATEGORY

Please select one primary professional category.

☐ **Real Estate Services**

☐ **Financial & Legal Services**

☐ **Mortgage Lending**

☐ **Estate Sale & Move Management**

☐ **Property Management**

☐ **Caregiver & Aging in Place**

☐ **Senior Placement Advisor**

☐ **Home Services**_____

☐ **Home Safety Specialist**

☐ **Physical Therapist**

☐ **Occupational Therapist**

☐ **Smart Home Technology**

☐ **Senior Activities & Wellness**

☐ **Non-Profit Organization**

☐ **Other** _____

CHAPTER SERVICE AREA

Each Chapter Member may select up to four (4) cities included with membership.

Additional cities may be added later if capacity is available.

Preferred Cities

☐ **Seal Beach**

☐ **Sunset Beach**

☐ **Huntington Beach**

☐ **Fountain Valley**

☐ **Costa Mesa**

☐ **Newport Beach**

☐ **Balboa Island**

☐ **Corona del Mar**

Alternate City Choices if your profession is full in your chosen 4 cities:

_____

_____

PROFESSIONAL EXPERIENCE

Years in Business_____

Years Serving Seniors_____

Approximate Number of Senior Clients Served During the Past 12 Months_____

Describe your primary services_____

_____

LICENSES & CERTIFICATIONS

Professional License_____

License Number_____

State(s) Licensed_____

Expiration Date_____

Professional License_____

License Number_____

State(s) Licensed_____

Expiration Date_____

Current Professional Certifications

☐ **STS**

☐ **CSA**

☐ **SRES**

☐ **CAPS**

☐ **CESMP**

☐ **PBHS**

☐ **Other_____**

Professional Associations

_____

_____

INSURANCE

General Liability

☐ **Yes**

☐ **No**

Professional Liability / Errors & Omissions

☐ **Yes**

☐ **No**

Workers Compensation

☐ **Yes**

☐ **No**

Other:

_____

_____

BACKGROUND INFORMATION

Have you ever been convicted of a felony or misdemeanor (excluding minor traffic violations)?

☐ **Yes**

☐ **No**

If yes, please explain._____

Have you ever had a professional license suspended, revoked, or been subject to disciplinary action?

☐ **Yes**

☐ **No**

If yes, please explain._____

PROFESSIONAL REFERENCES

Reference #1

Name_____

Company_____

Title_____

Phone_____

Email_____

Relationship_____

Reference #2

Name_____

Company_____

Title_____

Phone_____

Email_____

Relationship_____

COMMUNITY COMMITMENT

Which best describes why you want to join Seniornicity? (Select up to three.)

☐ **Better serve seniors and their families**

☐ **Collaborate with trusted professionals**

☐ **Build long-term professional relationships**

☐ **Participate in community education**

☐ **Receive qualified referrals**

☐ **Increase visibility within my community**

☐ **Give back through local service**

☐ **Other**

CHAPTER PARTICIPATION

I understand Seniornicity Chapters are collaborative communities built around professionalism, education, and serving seniors.

I agree to:

☐ **Work collaboratively with fellow Chapter Members.**

☐ **Maintain all required licenses, certifications, and insurance.**

☐ **Maintain a professional reputation.**

☐ **Follow the Seniornicity Code of Ethics.**

☐ **Keep my Seniornicity profile current.**

☐ **Participate in chapter meetings whenever reasonably possible.**

☐ **Represent Seniornicity professionally within my community.**

☐ **Understand that membership is limited by profession and city.**

☐ **Understand approval is not guaranteed.**

☐ **Understand continued membership is contingent upon maintaining Seniornicity standards.**

REFERRAL & COLLABORATION

Are you willing to collaborate with fellow Seniornicity Chapter Members?

☐ **Yes**

☐ **No**

Are you willing to accept referrals from other Chapter Members?

☐ **Yes**

☐ **No**

Are you willing to refer seniors and families to qualified Seniornicity professionals when appropriate?

☐ **Yes**

☐ **No**

APPLICANT AGREEMENT

I certify the information provided is true and complete to the best of my knowledge.

I understand submission of this application does not guarantee acceptance into a Seniornicity Chapter.

I authorize Seniornicity to verify my licenses, certifications, insurance, and publicly available professional information.

Applicant Signature_____

Printed Name_____

Date_____

FOR SENIORNICITY USE ONLY

Chapter

Profession

Approved Cities

Membership Status

☐ **Approved**

☐ **Wait List**

☐ **Declined**

Reviewer

Approval Date

Notes

SENIORNICITY

AGREEMENTS & ACKNOWLEDGMENTS

Please review and acknowledge each of the following before submitting your application.

☐ **I understand the annual Chapter Membership investment is $499.00 per year. Flexible payment plans may be available upon request and are subject to approval.**

☐ **I understand Chapter Membership is reviewed and approved by Seniornicity and that submission of this application does not guarantee acceptance.**

☐ **I understand Chapter Membership is intentionally limited by profession and geographic market to maintain quality, collaboration, and meaningful visibility for members.**

☐ **I understand my membership and city selections are subject to availability.**

Terms & Conditions:

Seniornicity Chapter Terms & Conditions

☐ **I have read and agree to the Seniornicity Chapter Terms & Conditions.**

Code of Ethics:

Seniornicity Chapter Code of Ethics

☐ **I have read and agree to abide by the Seniornicity Code of Ethics.**

Privacy Policy:

Seniornicity Privacy Policy

☐ **I have read and agree to the Seniornicity Privacy Policy.**

☐ **I certify that all information provided in this application is true and complete to the best of my knowledge.**

☐ **I authorize Seniornicity to verify my professional licenses, certifications, insurance, and publicly available business information as part of the membership review process.**

Applicant Signature_____

Printed Name_____

Date_____

Phone_____

Email_____

STS CERTIFICATION SENIOR TRANSITION SPECIALIST EDUCATE | EMPOWER | TRANSITION

SENIORNICITY Trusted Provider Background Checked

PRESENCE-BASED HOME SHARING PBHS STAY HOME. STAY INDEPENDENT. STAY CONNECTED. Seniornicity