



Membership Application 2009-2010

NAME

COMPANY / ORGANIZATION

ADDRESS

PHONE

FAX

CELL

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WEBSITE URL

EMAIL ADDRESS

PREFERRED BUSINESS CATEGORY LISTING

PROFESSIONAL REFERENCE 1 current member of Serving Seniors?

PROFESSIONAL REFERENCE 2 current member of Serving Seniors?

PROFESSIONAL REFERENCE 3 current member of Serving Seniors?

Not required for Community Partners

Not required for Community Partners

MY NOMINATED PROXY IS (NAME)

\$80/year: Business Member \$27/year: Community Partner

I hereby agree to abide by Serving Seniors' policies and guidelines.
As a Member I acknowledge that if I do not meet the minimum annual attendance quota, my membership will be terminated forthwith.

Office use only

Rcvd _____

Chkd _____

Apprv _____

Chap _____

Advis _____

Paid _____

Mbr# _____

SIGN _____ DATE _____