



Elgin Senior Providers Network
 P.O. Box 6023, Elgin, IL 60120-6023
www.elginseniors.org
elginseniorproviders@gmail.com

2018 Membership Application

Membership fee is \$75 annually (January 1 through December 31)
 (\$25 discount for new members and members in good standing* from 2017)

Name of Organization: _____

Address: _____

Phone Number: _____ Website: _____

Does the Organization provide CEU's? (please specify): _____

Category of business or service (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Behavioral Health/Psych Services |
| <input type="checkbox"/> Community/Social/Senior Services | <input type="checkbox"/> Consultation/Referral Services |
| <input type="checkbox"/> Financial/Insurance/Realty Services | <input type="checkbox"/> Home Modifications/Products/Services |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Outpatient Services | <input type="checkbox"/> Professional Services |
| <input type="checkbox"/> In-Home Care: (<input type="checkbox"/> Medical/Skilled <input type="checkbox"/> Non-Medical <input type="checkbox"/> Hospice <input type="checkbox"/> Palliative) | |
| <input type="checkbox"/> Senior Residential: | |
| (<input type="checkbox"/> Assisted Living <input type="checkbox"/> Independent <input type="checkbox"/> Memory Care <input type="checkbox"/> Supportive Living <input type="checkbox"/> SNF) | |

PLEASE NOTE: Paid memberships are for the Organization. Each Organization can be represented by up to 2 members per each paid membership.

Representative Name(s): _____

Representative Email(s): _____

Representative Mobile(s): _____

Please include a brief description of your services to be included on the website and in our printed directory. Maximum 50 words, *all descriptions are subject to board review.*

Please make all checks payable to Elgin Senior Providers Network

If you are writing a personal check, please put the name of your business or company in the memo section on your check. Membership applications may be mailed to the address above, or delivered to the Treasurer/Membership Chair at the monthly meeting. Please also include a business card of each representative.

*Good standing members are members who attend a minimum 4 events (monthly meetings or other ESPN sponsored events) in 2017