

ELGIN SENIOR PROVIDERS NETWORK

2011 Membership Application

Membership fee \$25.00 annually (January 1, 2011 - December 31, 2011)

Please make checks out to Elgin Senior Providers Network or ESPN.

If you are writing a personal check, please put the name of your business or company on the check.

Membership applications may be mailed to ESPN, PO Box 6023, Elgin IL 60121-6023 or delivered to the Treasurer/Membership chair at the monthly meeting.

Organization _____

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

_____ Adult Day Care

_____ Community/Senior Services

_____ Home Health and Hospice (_____ Medical/Skilled _____ Non-Medical _____ Hospice)

_____ Senior Residential (_____ Independent _____ Assisted Living _____ Supportive Living _____ SNF)

_____ Legal Services

_____ Outpatient Services

_____ Financial/Insurance/Realty Services

_____ Consultation/Referral Services

_____ Home Accessibility/Products/Services

_____ Professional Services

Contact person _____

Business address _____

Phone number(s) _____ (business or facility) _____ (contact person if different)

Email address for contact person _____

Website of business or company _____