



# aging services

of maine and new hampshire

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## 2010 BUSINESS FIRM MEMBERSHIP APPLICATION

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name & Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Your organization's information will be listed on our website and in member communications. Please describe your products and services below as you would like them to appear:

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Do you own, operate or manage a non-profit senior housing or health care facility in Maine or New Hampshire?  Yes  No

### 2010 Business Firm Member Dues: \$375

Please return this completed application along with payment in the form of check or credit card. If you would like to pay by credit card please complete the following information:

MasterCard  Visa  American Express

Name on Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Credit Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Thank you for your support!**