



2010 Business Partner Membership Application

Date of Application: _____

The information you provide will be used in preparing our 2010 Annual Membership Directory & Professional Resource Guide and to help determine eligibility for membership. *Please complete all responses.*

Name of Firm: _____

Primary Contact/Representative: _____

Addl' Rep. Name & Email: _____

Addl' Rep. Name & Email: _____

Addl' Rep. Name & Email: _____

Address: _____

City/State/Zip: _____ Web Site: _____

Telephone: (____) _____ Fax:(____) _____

Please select (2-3) categories that most correspond to your services/products:

Accounting	Environmental Services	Insurance	Retirement Planning
Advertising/Public Relations	Equipment	Legal Services	Risk Management
Architecture/Design	Financial Services	Marketing	Staffing
Computers/Software	Flooring	Medical Supplies	Telecommunications
Construction/Engineering	Food Service	Pharmaceutical	Therapy/Rehabilitation
Consulting	Furnishings	Physician/Nurse Practitioners	Transition/Placement Coordination
Education	Institutional Pharmacy	Purchasing Programs	Transportation
Additional Category?			X-Ray Services

Please tell us about your company for our Directory (*limit 250 characters*): _____

Is your firm part of a larger corporate structure? Yes _____ No _____

If so, what is the name of the parent organization? _____

What services / products does it provide, and to whom? _____

Does the parent corporation or any of its subsidiaries operate nursing homes, facilities, agencies or institutions for the aging?

Yes _____ No _____ If yes, in what states? _____

How did you learn about *Aging Services of Washington*? _____



Membership Options!

Diamond \$10,000 Ruby \$7,500 Sapphire \$5,000 Emerald \$2,500 Pearl \$1,000 Opal \$500

Payment Method: () Invoice, please! () Check () Master Card () Visa () Discover () Amex

Name on Card: _____ Exp. Date: _____

Card No.: _____ Signature: _____

If you have any questions, please contact Pat Sylvia, Dir. of Member Development at psylvia@agingwa.org

An Association of Not-For-Profit and Mission Focused Senior Living & Care Providers

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