



2012 Business Partner Membership Application

Date of Application: _____

The information you provide will be used in preparing our 2011 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	Employee Benefit Services	HVAC	Purchasing Programs
Advertising/Public Relations	Environmental Services	Institutional Pharmacy	Reimbursement
Architecture/Design	Equipment	Insurance	Retirement Planning
Beverage Services	Financial Services	Laboratory Services	Risk Management
Computers/Software	Flooring	Legal Services	Staff/Recruiting
Construction/Engineering	Food Service	Marketing	Sustainability
Consulting	Furnishings	Medical Supplies	Telecommunications
Diagnostics	General Contracting/Building	Pharmaceutical	Therapy/Rehabilitation
Education	Housekeeping/Linens	Physician/Nurse Practitioners	Transportation
Additional Category (suggested)?			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