



APPLICATION FOR MEMBERSHIP

(Please TYPE or Print CLEARLY)

Mission Statement: *To provide a professional environment for senior care providers to network, to discover new senior resources and to receive education relevant to senior issues. To be a resource center for seniors and their families in Northeast Georgia. To be a catalyst for providing emotional, physical, financial, social, and spiritual support to the local senior community.*

The North Georgia Senior Resources will extend membership to organizations that meet the following criteria:

- Individual, agency, or organizations primary focus is serving Northeast Georgia Senior Citizens
- Further a mission compatible with or complimentary to the goals and objectives of NGSR
- Individual, agency, or organization must be vetted locally by the following: must attend a chapter meeting as a guest and have the reference of an existing member of the chapter and done business with that member (if applicable), and been in business not less than one year to apply for full membership (less than one year may apply for provisional)

Expectations of Collaborative Member:

- Individual, agency, or organizations must attend a minimum of six (6) meetings per year to remain in good standing
- Membership dues must be paid by March 1st of each calendar year of \$75.00 (up to 3) and \$90 (4 or more)

Expectations of North Georgia Senior Resources

- Provide complimentary continental breakfast at each meeting, along with relevant senior issues
- Provide local membership, including voting privileges to fully vetted members
- Link the collaborative member's website on our local chapter site
- Collaborative member's name and company will be included at any health fair exhibit NGSR attends or sponsors

SELECT THE TYPE OF MEMBERSHIP REQUESTED:

Full membership (Business operational greater than one year) _____ # of years operational

Provisional membership (Business operational less than one year and/or new application membership)

_____ Name of Existing Member

I, ~~the sponsor~~ ^{Sponsor} I meet the qualifications of the membership category for which I am applying, and that I will uphold the purpose(s) of the North Georgia Senior Resources. I understand my membership will be reviewed by the current NGSR Board of Directors and I will be notified once my application has been accepted.

Signature

Date

Please mail application to NGSR, PO Box 2382, Gainesville, Georgia 30503 or by emailing to northgeorgiaseniorresources@gmail.com.



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Date: _____

First and Last Name of Person(s) Applying: _____

Business Name: _____

Title or Position Held with Business: _____ # years with business _____

Street Address of Business: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Cell Phone: _____

Email Address: _____

Website: _____

New Member Renewal # of years as active member _____
Select one (1) category

- Assisted Living/Memory Care/Independent Living
- Attorney
- Financial Services
- Home Accessibility
- Home Healthcare/In-Home Care
- Hospice
- Hospital

- Info/Referral Service
- Medical
- Medical Equipment/DME
- Miscellaneous
- Personal Care Home
- Services
- Transportation

Give a brief description about your organization and role in organization

Internal Office: Approved Denied (Reason) _____

Paid: Cash Check # _____ Credit Card (online)