



The NW LGBT Senior Care Providers Network 2018 Membership Application

Please print clearly

Company Name _____

Company Description (2-3 sentences) _____

Name of Contact and Title _____

Email Address _____

Phone (_____) _____

Mailing Address _____

Website _____

**If desired – please send your company logo to Tkopec@homecareassistance.com*

- I have signed and attached the Non-Disclosure form
- I have submitted the \$75 Membership Fee
- I understand that future membership will be based upon attending a minimum of 4 meetings in 2018.

By signing below, I confirm that I have the authority to enter into this membership on behalf of named company and understand that membership is based on NWLGBT SCPN Board approval and can be revoked at any time.

Signature _____ Date _____