



# The NW LGBT Senior Care Providers Network

## 2019 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](mailto: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 2019.

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 \_\_\_\_\_