



Membership Application Form

2012 -2013

Membership Dues: **\$50** annually

Checks made payable to Kane County Senior Resources
Include agency/organization name in the memo section.

****To be included in printed directory:
paid membership is due **no later than** the 2nd week of June. ****

The annual membership dues will support the following:

- Publication & distribution of a membership directory for seniors
- Publication of your contact information on the website
- Discount for the annual Kane County Senior Fair
- Monthly professional education program and networking
- Monthly summary of meetings via web page
- Networking events in addition to the monthly meeting
- Legislative Forum

Complete application form; include check with business name in memo field

Attach a business card and mail to:

KCSR Membership

P.O. Box 616

Geneva, IL 60134

Agency / Organization (Business Name): _____

Name of Representative: _____

Representative Title: _____

Representative Email: _____

Business Website: _____

Business Street Address: _____

Business City, State & Zip Code: _____

Business Telephone Number: _____

Representative Mobile Number: _____

Industry Category: *(Circle all that apply to this organization)*

Adult Day Care Centers

Health Services

Home Health / Hospice (Skilled Care RN, PT, OT, Hospice)

In-Home Services (Companion Care)

Hospitals

Professional Services

Behavioral Health and Psychological Services

Senior Living

Assisted / Supportive Living

Continuum of Care Retirement Communities

Independent Living Facilities

Long Term Care & Rehabilitation Facilities

Memory Care

Services

Financial / Insurance Services

Legal Services

Relocation & Organization Services

Social Services & Management Services

Funeral Planning

Transportation

Products

Medical Equipment & Supplies

Other _____

Home Modification

with the agency / organization name placed in the memo section.