

2012 Annual Membership Application *and* Invoice

- Single** Agency Membership Fee (one location): \$40.00 per calendar year
 Corporate Agency Membership Fee (multiple locations/businesses under one agency): \$75.00 per calendar year* (if ✓'d please fill page 2)

Agency Name: _____ (Agency will be printed exactly as it appears here)

Agency Address: _____ City: _____ Zip: _____

Agency Phone: _____ Agency Fax: _____ County: _____

Agency Website: _____ Not-for-Profit For Profit

Agency Director/CEO: _____

Agency Description: Healthcare Senior Living Facility/Community Products & Services Resource Agency
 Transportation Financial Services Insurance Services Media & Promotion Restaurant

Primary Contact Name: _____ Title: _____

Primary Contact Address: Same as above Other: _____

Primary Contact Phone: _____ Fax: _____

Email: _____ Preferred Communication: Email Mail

Secondary Contact Name: _____ Title: _____

Secondary Contact Address: Same as above Other: _____

Secondary Contact Phone: _____ Fax: _____

Email: _____ Preferred Communication: Email Mail

What percent of your business serves seniors? _____ What is your main reason for joining SMG? _____

Please provide 2 professional references (business names that you have worked with) to verify your agency:

Name: _____ Phone: _____

Name: _____ Phone: _____

Please send completed application and check to: Senior Marketing Group P.O. Box 1344 Holland, Mi 49422-1344
Please make checks payable to: Senior Marketing Group-The Lakeshore Area

Payments for Membership Dues are required by March 31, 2012 to be considered in good-standing

Signature: _____ Date of Application _____

Questions? Please contact: Tricia Cranmer@ 616.566.7899 or Cathy Blackburn @616.550.4367

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Agency #2:

Agency Name: _____ (Agency will be printed exactly as it appears here)

Agency Address: _____ City: _____ Zip: _____

Agency Phone: _____ Agency Contact Name: _____

Contact Number: _____ Contact Email: _____

Agency Description: Healthcare Senior Living Facility/Community Products & Services Resource Agency
 Transportation Financial Services Insurance Services Media & Promotion Restaurant

Agency #3:

Agency Name: _____ (Agency will be printed exactly as it appears here)

Agency Address: _____ City: _____ Zip: _____

Agency Phone: _____ Agency Contact Name: _____

Contact Number: _____ Contact Email: _____

Agency Description: Healthcare Senior Living Facility/Community Products & Services Resource Agency
 Transportation Financial Services Insurance Services Media & Promotion Restaurant

Agency #4:

Agency Name: _____ (Agency will be printed exactly as it appears here)

Agency Address: _____ City: _____ Zip: _____

Agency Phone: _____ Agency Contact Name: _____

Contact Number: _____ Contact Email: _____

Agency Description: Healthcare Senior Living Facility/Community Products & Services Resource Agency
 Transportation Financial Services Insurance Services Media & Promotion Restaurant

Agency #5:

Agency Name: _____ (Agency will be printed exactly as it appears here)

Agency Address: _____ City: _____ Zip: _____

Agency Phone: _____ Agency Contact Name: _____

Contact Number: _____ Contact Email: _____

Agency Description: Healthcare Senior Living Facility/Community Products & Services Resource Agency
 Transportation Financial Services Insurance Services Media & Promotion Restaurant