



Membership Application

APPLICANT INFORMATION

Complete the following information as you would like it listed in the Senior Care Network Membership Directory

PLEASE WRITE LEGIBLY

Agency Name: _____ Date: _____

Full Name: _____
First Last

Address: _____
(as listed in directory) Street Address Apartment/Unit #

City State ZIP Code

Work Phone: _____ Cell Phone: _____

Email Address: _____

Would you like to HOST a meeting? YES NO IF YES, Host Entire Meeting Co-host with another Agency Provide Space Provide Food / Budget

Would you like to be a MENTOR? YES NO Would you like to be MENTORED? YES NO

AGENCY REPRESENTATION

Corporate Name: _____
(name as appears on checks)

Address: _____
(as appears on checks)

DUES - \$90 Annual Membership***

Membership Year: _____ Date Paid: _____ Initials: _____

PAYMENT OPTIONS

CASH | CHECK Payable to SENIOR CARE NETWORK | CREDIT CARD (\$5 transaction fee) (Connect with a Board Member for Payment)

Receipt: _____ | Check #: _____ | Receipt #: _____

Membership Questions Contact
BOARD MEMBER: Tracy Geisz
EMAIL: goldentoursmidwest@gmail.com
PHONE: 309-369-3171

Please Mail BOTH Application & Payment to: Senior Care Network
Attn: Membership
PO Box 9172
Peoria, IL 61612

DISCLAIMER & SIGNATURE

This organization exists to enhance marketing capabilities in the community and to develop relationships with health care professionals and others in the community that can help seniors to live a better life. Dues provide the opportunity for philanthropic efforts and host events to benefit seniors and our members.

I agree to abide by the code of ethics of HOI Senior Care Network and participate in one event per year.

***** MEMBERSHIP IS NAMED BY AGENCY – ONE PROPERTY PER MEMBER *****

It is the Agency's responsibility to inform Senior Care Network of any changes.

Signature: _____ Date: _____



Code of Ethics

- Be of reputable moral character and conduct thyself in a manner that promotes professionalism and respect of society.
- To have an understanding of the needs of seniors and the ability to establish programs to meet those needs.
- Be familiar with, and strive to meet, the minimum standards and by-laws of Senior Care Network.
- Be an active member of Senior Care Network, which benefits all seniors by participating in educational and entertaining activities that will enhance the quality of their life.
- Work within the community as a professional to insure adequate services to all seniors.
- Strive to maintain the quality of life for all seniors.
- Refrain from discriminating against any person on grounds of sex, race, color, creed, or national origin.