2021 Annual Membership Application

Agency Name:	
Agency Description:	g facility Products & Services Financial Other
Agency Address:	
Agency Phone:	Fax:
Agency Website:	County:
Agency Director / CEO:	Not-for-Profit For- Profit
Primary Contact Name:	Title:
Contact Phone:	Fax:
Email:	Preferred Communication: Email Phone Fax Mail
Secondary Contact Name:	Title:
Secondary Contact Address: Same as above Other	r:
Contact Phone:	Fax:
Email:	Preferred Communication: ☐ Email ☐ Phone ☐ Fax ☐ Mail
	ur membership meeting this year?YesNo
2021 Memb	pership Fee Invoice
Single Agency Membership Fee (one location): \$7: (Companies with multiple facilities	5.00 per membership year. Fee is due by March 31, 2021 must enroll separate membership for each facility)
Please send completed application and check to: S	Senior Marketing Group P.O. Box 115 Muskegon, MI 49443
Lisa Luckey, Mary F Wendy Little, Th	tions - please contact: Free Bed at Home @ 616-368-9630 ne Village at Park Terrace @ 231-755-6560 nfo@smgmuskegon.com
Signature:	Date of Application:
hereby give the Senior Marketing Group permission to use photograph (s) taken of	Senior Marketing Group - Greater Muskegon Area f myself in a marketing manner. I relinquish all rights, title and interest I may have in the finished d hereby release the Senior Marketing Group from any and all claims for damages of any and all kinds
 Ме	ember Receipt
\$75.00 Paid to the Senior Marketing	Group of the Greater Muckegon Area Membership
•	Group of the Greater Muskegori Area Membership.

_ Date:_

Board Director Signature:__