

**GWINNETT SENIOR PROVIDER NETWORK
MEMBERSHIP APPLICATION
2009**

Agency/Company Name _____

Address _____

Phone _____ Fax _____

Contact Person(s) _____

E-mail Address _____

Company Website _____

Membership Fee \$30.00 per year Paid _____ Not Paid _____

Please include a brief description describing the agency you work for, to be included in the membership directory.

Please circle your category:

- | | |
|--|----------------------------------|
| Advice & Referral Services/Case Management | Hospice |
| Alzheimer's/Dementia Services | Medical Equipment |
| Assisted Living | Insurance Products for Seniors |
| Continuous Care Communities | Personal Care Homes |
| Government Services for Seniors | Psychiatric Services for Seniors |
| Home Health Care | Publications for Seniors |
| Independent Living/Senior Oriented Apartments | Rehabilitation |
| Personal & Companion Care/ Sitters (non-medical) | |
| Senior Relocation | Skilled Nursing Facility |
| Support Groups | |

**Please mail or hand deliver to: Kelly Dunham, Glancy Rehabilitation
Center 3215 McClure Bridge Road Duluth, GA 30096**