

NORTHERN WESTCHESTER GERIATRIC COMMITTEE, INC.

P.O. Box 124, Crompond, NY 10517-0124

www.NWGeriatricCommittee.org

Membership Application & Website Form July 2023 – December 2024

Please complete this form and mail it along with a \$35.00 check for membership to NWGC at the above address or make your payment online at <http://www.nwgeriatriccommittee.org/>.

Organization _____

New Member OR Returning Member

Contact Person/Title: _____

Phone: _____

E-mail Address: _____

Organization's Website: _____

Additional Staff and E-mail Addresses to Receive NWGC Notifications:

Would you like your logo and a link to your website included on NWGC's website? Yes No

If yes, please forward your organization's logo (as a .jpg, .png, or .gif image file attachment; **do NOT send .pdf, .ppt or .doc files**) to Mark Britton for the NWGC website: mark@tellaboomer.com

Can NWGC use pictures taken of you at our meetings and functions on our website? Yes No

Service Categories: Please check all of the services below that apply to your company.

Adult Day Care

Hospice

Alzheimer's/Dementia Care

Hospital

Assisted Living

Managed LTC Providers

Caregiver Support/Services

Other Geriatric Services

Certified Home Health Care

Respite

Eldercare Attorney

Senior Housing

Financial Services/Insurance

Move Manager/Real Estate Prof.

Geriatric Care Management

Skilled Nursing/Rehab

Home Health Aides/Care/Companions

Social Work

Signature _____ Date _____

**For questions concerning NWGC Membership, please contact
Patti Lavan Horvath at patti.l.horvath@gmail.com**