

# NORTHERN WESTCHESTER GERIATRIC COMMITTEE, INC.

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

[www.nwgeriatriccommittee.org](http://www.nwgeriatriccommittee.org)

## Membership Application & Website Form July 2020 – June 2021

Please complete this form and mail it along with a \$35.00 check for membership to NWGC at the above address.  
Payment of membership dues and any changes to your information can also be made 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 files (**do NOT send .pdf or MSWord document files**) to Mark Britton for the NWGC website: [mark@tellaboomer.com](mailto: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.

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Day Care                    | <input type="checkbox"/> Hospice                        |
| <input type="checkbox"/> Alzheimer's/Dementia Care         | <input type="checkbox"/> Hospital                       |
| <input type="checkbox"/> Assisted Living                   | <input type="checkbox"/> Managed LTC Providers          |
| <input type="checkbox"/> Caregiver Support/Services        | <input type="checkbox"/> Other Geriatric Services       |
| <input type="checkbox"/> Certified Home Health Care        | <input type="checkbox"/> Respite                        |
| <input type="checkbox"/> Eldercare Attorney                | <input type="checkbox"/> Senior Housing                 |
| <input type="checkbox"/> Financial Services/Insurance      | <input type="checkbox"/> Move Manager/Real Estate Prof. |
| <input type="checkbox"/> Geriatric Care Management         | <input type="checkbox"/> Skilled Nursing/Rehab          |
| <input type="checkbox"/> Home Health Aides/Care/Companions | <input type="checkbox"/> Social Work                    |

Signature \_\_\_\_\_ Date \_\_\_\_\_

For questions concerning NWGC Membership, please contact  
Patti Lavan Horvath at [phorvath@fieldhallfdn.org](mailto:phorvath@fieldhallfdn.org)