

# NORTHERN WESTCHESTER GERIATRIC COMMITTEE, INC.

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

## NWGC Membership Application & Website Form July 2017 – June 2018

Please complete this form and mail it along with a \$35.00 check for membership to NWGC at the above address.  
The \$35.00 membership fee can also be paid 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 information included on our website?     Yes     No

If yes, please forward your agency/organization logo (as a .jpg, .png, or .gif document; **do NOT send .pdf 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"/> Care Giver 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 Horvath at Fieldhome:  
914-739-2244 x5501 or [patti.L.horvath@gmail.com](mailto:patti.L.horvath@gmail.com)