



**Eldercare Professionals of Ohio, LLC**  
 8809 Usher Rd.  
 Olmsted Twp., 44138  
 (440) 212-4987  
 Info@eldercareofohio.com

Coaching Education Networking

# 2019 New Member Application

TODAY'S DATE: \_\_\_\_\_

Membership expires: \_\_\_\_\_

I will likely attend meetings on the

West-side       East-side

*This invoice is for a 12 consecutive month membership to the Eldercare Professionals of Ohio networking group.*

I will be paying by  Check # \_\_\_\_\_  Credit Card using Paypal at [paypal.me/kelseyloushin](https://www.paypal.me/kelseyloushin)  Cash  
 (I will add \$5 to my membership charge)

## PRIMARY REPRESENTATIVE

Representative Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_ Suite \_\_\_\_\_  
Include Suite # (if applicable)

City & Zip Code: \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_  Work  Cell

Email Address: \_\_\_\_\_

Company Website: \_\_\_\_\_

## MEMBERSHIP LEVEL *(check one)*

**\$100 Membership I** - Attendance for **one** individual from organization at **one** monthly networking event on either east or west side, Link on EPO website, Free placement on calendar of events & career board, One free visitor pass.

**\$175 Membership II** - Attendance for **two** individuals from organization at **one** monthly networking event on either east or west side, Link on EPO website, Free placement on calendar of events & career board, Two free visitor passes.

**Or**

Attendance for **one** individual from organization at **both** monthly networking events on both east & west side, Link on EPO website, Free placement on calendar of events & career board, Two free visitor passes.

**\$200 Membership III** - Attendance for **two** individuals from organization at **both** monthly networking events on both east & west side, Link on EPO website, Free placement on calendar of events & career board, Two free visitor passes.

## SECONDARY REPRESENTATIVE *(Only for Membership Level II or III)*

Representative Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_  Work  Cell

Email Address: \_\_\_\_\_

## CATEGORY *(Check only one with the exception of Senior Housing)*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Adult Day Care                         | <input type="checkbox"/> Law, Finance & Insurance                        | <input type="checkbox"/> Social Services                        |
| <input type="checkbox"/> Dementia                               | <input type="checkbox"/> Lifestyle & Wellness                            | <input type="checkbox"/> Senior Housing (Select all that apply) |
| <input type="checkbox"/> Disease & Impairment Specific Services | <input type="checkbox"/> Misc. Healthcare Equipment, Supplies & Services | <input type="checkbox"/> Assisted Living                        |
| <input type="checkbox"/> Home Care                              | <input type="checkbox"/> Professional Services                           | <input type="checkbox"/> Independent Living                     |
| <input type="checkbox"/> End of Life/Hospice                    | <input type="checkbox"/> Renovation & Relocation                         | <input type="checkbox"/> Memory Care                            |
|   |  | <input type="checkbox"/> Nursing Home                           |
|   |  | <input type="checkbox"/> Skilled Nursing/Short-term Rehab       |
|   |  | <input type="checkbox"/> Other type of senior residence         |

**EMAIL COMMUNICATIONS:** Persons joining Eldercare Professionals of Ohio will be automatically added to our email mailing list. You may unsubscribe at any time. Should you wish not to be added, please initial here to OPT OUT. \_\_\_\_\_ If you wish to utilize a different email than the one provided above, please write it in the space.