



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

2019 INVOICE RENEWAL

TODAY'S DATE: _____

Membership expires: _____

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

| | |
|-----------------------|--|
| *Representative Name: | |
| *Company Name: | |

*I will be paying by Check # _____ Credit Card using Paypal at paypal.me/kelseyloushin Cash
 (I will add \$5 to my membership charge)

*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.
 - \$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.
- 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.

Check this box ONLY if there are changes since last year (**optional—complete only if there are changes)

| | |
|--|--|
| ADDRESS: | |
| SUITE # (IF APPLIES): | |
| CITY: | |
| ZIP CODE: | |
| PHONE NUMBER: | WORK <input type="checkbox"/> CELL <input type="checkbox"/> |
| EMAIL ADDRESS: | |
| SECONDARY REP: <i>(Only for Membership Level II or III)</i> | |
| ANY CHANGE IN CATEGORY/ INDUSTRY: | |
| SECONDARY REP CONTACT INFO: | |

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.