

AFFILIATE COMPANY MEMBERSHIP APPLICATION



We are applying for Membership as an Affiliate Company Member at \$495/year (see reverse side for description of Membership Category). A \$25.00 application fee is required.

Company Name

Company Mailing Address (no P.O. Boxes, please)

City State/Province Zip Country

Phone Fax Company Contact Email

Website

Name of Primary Company Representative Email

Name of 2nd Company Representative Email

Name of 3rd Company Representative Email

All representatives are eligible to receive Affiliate Company Membership Benefits.

REQUIRED DOCUMENTATION

Electronic format is preferred for all the required documentation listed below. Please email to membership@napgcm.org

1. Please provide a 25-40 word description of the products or services your company offers.
2. Company Logo
3. Website Link

Affiliate Company Web Listing Categories – Choose One:

- | | | |
|---|--|--|
| <input type="radio"/> Advertising/Marketing Tools | <input type="radio"/> Healthcare Facilities | <input type="radio"/> Rehabilitation/Therapy |
| <input type="radio"/> Business Support/Tools | <input type="radio"/> Healthcare Products/Services | <input type="radio"/> Relocation Services |
| <input type="radio"/> End-of-Life Services | <input type="radio"/> Home Care Agencies | <input type="radio"/> Other (please List) |
| <input type="radio"/> Financial Services | <input type="radio"/> Legal Services | |

CHAPTER MEMBERSHIP (INCLUDED)

You will automatically be assigned to an NAPGCM Chapter, based on your business address (Chapters listed to the right). If you wish to join a different chapter, please indicate here: _____.

Chapter membership is included in your dues. However, if you wish to join an additional chapter(s), cost for each additional chapter is \$50. Please list additional chapters here: _____.

Florida: Florida, Puerto Rico, Virgin Islands

Mid-Atlantic: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia

Midwest: Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin, Ontario

New England: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, Quebec

New Jersey

New York

Southeast: Alabama, Georgia, Mississippi, North Carolina, South Carolina, Tennessee

South Central: Arkansas, Louisiana, Oklahoma, Texas

Western Region: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming, British Columbia

MEMBERSHIP CATEGORY DESCRIPTION

AFFILIATE COMPANY – A non-voting industry supporter of NAPGCM who is not in the direct practice of care management, but has an interest in the field, including elder law attorneys, physicians, educators, researchers, employees of home health agencies, nursing homes, assisted living facilities, manufacturers or distributors of durable medical equipment or other products or services related to the care of elders. Membership may include up to three company representatives.

NAPGCM Bylaws state that all members have equal rights and duties except that only members in Fellow or Certified Geriatric Care Manager category shall have the right to vote and hold elected office.

No member shall have been convicted of, or have pled guilty or no contest to, a felony related to the professional activities of the member. Any member who is formally charged, through an indictment or similar process, with such a felony shall have their membership, and all rights and privileges thereof, automatically suspended pending resolution. A member formally charged as described above shall immediately notify the Association.

Send your application to:

NAPGCM
Attention: Membership Coordinator
3275 West Ina Road, Suite 130
Tucson, AZ 85741
Phone 520.881.8008
Fax 520.325.7925
membership@napgcm.org

Processing of your application will not begin until NAPGCM receives all documents.

Please read and check each box to indicate agreement with these conditions:

- I certify that the statements herein are correct.
- I understand that my application will not be processed until payment is received by NAPGCM.
- I understand that the company contact information provided will be published in the Directory and on the NAPGCM website.
- A \$25 application fee must be submitted with this application.

Signature

Printed Name

Date

Payment:

Check enclosed

VISA/MC/AMEX # _____

Exp. _____

Cardholder's Name (please print)

Signature

How did you hear about NAPGCM? Internet Employer Colleague Conference Other _____