



nneahsa
northern new england association
of homes and services for the aging

BUSINESS FIRM MEMBERSHIP APPLICATION

Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Contact Name & Title: _____

Email Address: _____ Website: _____

Your organization's information will be listed on our website and in member communications. Please describe your products and services below as you would like them to appear:

Do you own, operate or manage a non-profit senior housing or health care facility in Maine or New Hampshire? Yes No

2009 Business Firm Member Dues: \$375

Please return this completed application along with payment in the form of check or credit card. If you would like to pay by credit card please complete the following information:

MasterCard Visa American Express

Name on Credit Card: _____

Billing Address: _____

Credit Card No: _____ Exp. Date: _____

Signature: _____

Thank you for your support!