



New Member

Renewal

Membership Application Form

Section 1 – Contact Information															
Name		Title (if applicable)													
Organization Name (if applicable)															
Street address		City	State												
Zip															
Phone	Fax	E-Mail													
<input type="checkbox"/> Organizational Member <input type="checkbox"/> Individual Member		Note: If applying for individual membership, skip to Section 2.													
Name of second voter		Title													
Phone	Fax	E-Mail													
Check your organization's category <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult day care</td> <td><input type="checkbox"/> Gerontology Programs</td> <td><input type="checkbox"/> Continuing Care Retirement Community</td> </tr> <tr> <td><input type="checkbox"/> Assisted Living</td> <td><input type="checkbox"/> Health Care Providers</td> <td><input type="checkbox"/> Senior Services</td> </tr> <tr> <td><input type="checkbox"/> Community Services</td> <td><input type="checkbox"/> Health Plans</td> <td><input type="checkbox"/> Skilled Nursing Facility</td> </tr> <tr> <td><input type="checkbox"/> Geriatric Case Management</td> <td><input type="checkbox"/> Home Health Care</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>				<input type="checkbox"/> Adult day care	<input type="checkbox"/> Gerontology Programs	<input type="checkbox"/> Continuing Care Retirement Community	<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Health Care Providers	<input type="checkbox"/> Senior Services	<input type="checkbox"/> Community Services	<input type="checkbox"/> Health Plans	<input type="checkbox"/> Skilled Nursing Facility	<input type="checkbox"/> Geriatric Case Management	<input type="checkbox"/> Home Health Care	<input type="checkbox"/> Other _____
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Briefly describe what your organization does (as you want it to appear in the membership booklet): <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>															
Section 2 – Participation															
Each member is expected to serve on one committee. Please check your preference. <input type="checkbox"/> Advocacy <input type="checkbox"/> Education <input type="checkbox"/> Membership/Marketing <input type="checkbox"/> Older Americans Month (May) <input type="checkbox"/> Special Events															
If you have an area of expertise on which you would be willing to speak, please describe: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>															
Section 3 - Dues															
<u>Dues are:</u> Organization - \$50 Individual - \$25 Senior - \$10 Please mail this form along with check payable to C-MAC to: Sarah Privette, CMAC Treasurer, Regency Retirement Village, 9120 Willow Ridge Rd., Charlotte, N.C. 28210															
OFFICE USE ONLY: Due Date	Amount Paid	Date Paid													