

COGS - Coalition of Geriatric Services
Membership Application

| | | | |
|---------------------|------------|-----------------|-----------|
| Organization: _____ | Date _____ | | |
| Address: _____ | City _____ | ST _____ | Zip _____ |
| Telephone: _____ | Fax: _____ | Web Site: _____ | |

Representative(s) Note: Representative No. 1 Name and title will be main contact person

1. Name _____ Title _____

Email: _____

2. Name _____ Title _____

Email: _____

3. Name _____ Title _____

Email: _____

4. Name _____ Title _____

Email: _____

Description of organization/business activity (20-25 words):

Membership Dues Schedule (please check one):

- _____ \$ 2,500 Platinum Sponsor
- _____ \$ 1,500 Gold Sponsor
- _____ \$ 1,000 Silver Sponsor
- _____ \$ 500 Bronze Sponsor
- _____ \$ 300 Patron
- _____ \$ 100 Member

Mail check payable to: COGS, P.O. Box 2131, Ellicott City, MD 21041

Telephone: 410-997-0610 Fax: 410-750-6454 Email: info@cogsmd.org

Date Paid _____ Check # _____