

# NOGA

Northwest Ohio Gerontological Association

## 2010 Membership Application Form

NAME \_\_\_\_\_  Ms.  Mrs.  Mr.  Sr.  Dr.

**CONTACT INFORMATION: (RENEWALS ONLY ~ IF THERE ARE NO CHANGES, PLEASE PROCEED TO DUES SECTION)**

PLACE OF EMPLOYMENT \_\_\_\_\_

TITLE/POSITION \_\_\_\_\_

This is my  work  home MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

TELEPHONE NUMBERS: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
:  Cell or  Home Number Work Number Ext. Fax Number

E-MAIL ADDRESS\* \_\_\_\_\_

*\*our preferred method of communication with our members*

WEBSITE ADDRESS \_\_\_\_\_

**DUES:** Please check the appropriate selection. **NOGA'S MEMBERSHIP YEAR RUNS JANUARY 1 THROUGH DECEMBER 31, 2010.**

- \_\_\_\_\_ \$30.00 Individual Member  RENEWAL
- \_\_\_\_\_ \$15.00 Senior Citizen (65+ years of age and retired)  NEW MEMBER
- \_\_\_\_\_ \$15.00 Student (must send evidence of full-time enrollment in an academic program)

**COMMITTEES:** I am interested in the following committees: (see website, [WWW.NOGAONLINE.ORG](http://WWW.NOGAONLINE.ORG), for descriptions)

\_\_\_\_\_ Advocacy \_\_\_\_\_ Communications/Public Relations\* \_\_\_\_\_ Hospitality \_\_\_\_\_ Program

*\*This committee has responsibility for membership and marketing*

**NETWORKING:** The following is a list of categories for the resource/expertise portion of the NOGA Membership Directory. Please check up to **ONLY THREE (3)** categories in your areas of expertise/skills you possess. Consequently, you will be listed as a resource person in each category you have selected.

- |                                     |                                 |                                     |
|-------------------------------------|---------------------------------|-------------------------------------|
| _____ Administration/Management     | _____ Home Health Care          | _____ Physical/Occupational Therapy |
| _____ Admissions                    | _____ Hospice Facility          | _____ Public Relations              |
| _____ Adult Day Care                | _____ Hospital                  | _____ Recreation/Leisure            |
| _____ Assisted Living               | _____ I/R Community Resources   | _____ Senior Center                 |
| _____ Caregiver                     | _____ Legal/Protective Services | _____ Senior Housing                |
| _____ Case Manager                  | _____ Marketing/Sales           | _____ Social Worker                 |
| _____ Death/Dying/Funeral Services  | _____ Mental Health             | _____ Spiritual/Ministry            |
| _____ Educator                      | _____ Nursing                   | _____ Support Groups                |
| _____ Financial/Retirement Planning | _____ Nursing Facility/Home     | _____ Other (please list): _____    |
| _____ Gerontologist/Consultant      | _____ Nutrition                 |                                     |

**SPEAKERS BUREAU:** I would like to be listed as a presenter in the NOGA Speakers Bureau listing:  Yes  No

I am available to speak on the following topics: \_\_\_\_\_

**PLEASE RETURN THIS FORM ALONG WITH YOUR CHECK (PREFERRED METHOD; OR CASH) PAYABLE TO NOGA to:** NOGA  
6111 Chaney Drive  
Toledo, OH 43615

 (Detach and retain bottom portion for your records)

2010 NOGA MEMBERSHIP DUES: DATE PAID: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ CHECK # \_\_\_\_\_