



Northwest Ohio Gerontological Association

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2010 WEBSITE LINK APPLICATION

Instructions: Please complete the following information (print clearly) and send to the NOGA office at the address listed above along with your check, payable to **NOGA**, in the amount of \$10.00 for a one-year subscription (January 1 through December 31, 2010). Once your application and payment are received, a link to your site will be created as soon as possible.

Organization's Name: _____

Website Address: _____

Contact Person: _____

Contact Email Address: _____

Phone Number: _____

Mailing Address: _____

List the individuals in your organization who are NOGA members* _____

What is your organization's mission? _____

How do you serve older adults in Northwest Ohio? (This is the description to be used on the LINKS page.) _____

*PLEASE NOTE AT LEAST ONE PERSON IN YOUR ORGANIZATION MUST BE A CURRENT NOGA MEMBER. Please visit our website for a 2010 Membership Application Form. Please note, your Website Link Application will be reviewed by the NOGA Board.

FOR BOARD/OFFICE USE ONLY:

Approved Payment Received on Date: _____ Sent to Webmaster on Date: _____