



**By December 4th ~ Fax Back: (253) 964-8876 ~ Attn: Pat**

~ Yes, we plan to renew our 2010 membership and our updates are below \_\_\_!

~ Sorry, we do not wish to renew our 2010 Membership\_\_\_!

**2010 Renewal Update**

Date: \_\_\_\_\_

The information you provide will be used in preparing our 2009 Annual Membership Directory and to help update our data base. **Please update information below with additions or deletions! Print Clearly!**

Name of Firm: \_\_\_\_\_

Contact/Representative/Email: \_\_\_\_\_

**Additional contacts...**

Contact/Representative/Email: \_\_\_\_\_

Contact/Representative/Email: \_\_\_\_\_

Contact/Representative/Email: \_\_\_\_\_

Contact/Representative/Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Web Page: \_\_\_\_\_

Telephone:(\_\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_\_) \_\_\_\_\_

Please select (2-3) categories that most correspond to your services/products :(Update required? Yes \_\_\_ No \_\_\_)

Accounting	Environmental Services	Insurance	Retirement Planning
Advertising/Public Relations	Equipment	Legal Services	Risk Management
Architecture/Design	Financial Services	Marketing	Staffing
Computers/Software	Flooring	Medical Supplies	Telecommunications
Construction/Engineering	Food Service	Pharmaceutical	Therapy/Rehabilitation
Consulting	Furnishings	Physician/Nurse Practitioners	Transition/Placement Coordination
Education	Institutional Pharmacy	Purchasing Programs	Transportation
Additional Category?			X-Ray Services

Directory Description: (Please revise! **Yes**\_\_\_ See below! **No**\_\_\_ Info correct!) *If you prefer, email us your updates!*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Membership Options!**

Diamond \$10,000  Ruby \$7,500  Sapphire \$5,000  Emerald \$2,500  Pearl \$1,000  Opal \$500

Payment Method:( ) Invoice please! ( ) Check ( ) Credit Card ( ) Visa ( ) Mastercard ( ) Other ~ **Billing processed in January 2010**

Name on Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVB#: \_\_\_\_\_

Card No.: \_\_\_\_\_ Signature: \_\_\_\_\_

**If you have any questions, please contact Pat Sylvia, Dir. of Member Development at [psylvia@agingwa.org](mailto:psylvia@agingwa.org)**