



Membership Application Form

Make check payable to: Medina County Senior Services Network
Mail to: PO Box 1788, Medina OH 44258
MedinaSeniorServices.org

MEMBERSHIP LEVELS *(Please check one.)*

•Two-Member Attendance \$60/calendar year

•Four-Member Attendance \$90/calendar year

MEMBER #1

POSITION

EMAIL

MEMBER #2

POSITION

EMAIL

MEMBER #3

POSITION

EMAIL

MEMBER #4

POSITION

EMAIL

ORGANIZATION

STREET ADDRESS

CITY

ZIP

PHONE

EMAIL

FAX

WEBSITE

DESCRIBE SERVICES PROVIDED

COMMITTEE PARTICIPATION *(Please indicate preference(s). You will be contacted by the Committee Chair.)*

Member #1

- Training & Education
- Membership
- Resource Guide
- Community Outreach

Member #2

- Training & Education
- Membership
- Resource Guide
- Community Outreach

Member #3

- Training & Education
- Membership
- Resource Guide
- Community Outreach

Member #4

- Training & Education
- Membership
- Resource Guide
- Community Outreach

OTHER INFORMATION