

Richmond Senior Network Membership Form

www.richmond seniornetwork.org

Name _____

Home Address _____

City, Zip _____

(not published, used to mail yearly renewal)

Organization Name _____

Title _____

Address _____

City, Zip _____

Main Business Telephone Number _____

Direct Dial or Ext. _____

Cell Number (to be included in directory) _____

Fax Number _____

Email Address _____

Website Address _____

Please provide a short 15-30 word description of the business you represent:

I would like to serve on the following committees:

_____ Marketing _____ Membership _____ Education _____ As Needed

Membership in the Richmond Senior Network is on an individual basis, not company basis. Membership is not transferable to others in a company. Non-members pay a \$5.00 fee per visit. Only members are listed in the annual directory. Please return this form and a check for \$25 to Richmond Senior Network, P.O. Box 71321, Richmond, VA 23223-9998. Please call Carl Duffey at (804) 744-4481 if you have any questions.

Signature _____ Date _____

Office Use:

Date entered/updated _____

Organization Type _____