

MEMBERSHIP APPLICATION

Complete this form and mail to: Rutherford County Council on Aging
P.O. Box 11346, Murfreesboro, TN 37133

MEMBERSHIP CATEGORIES AND DUES (Please check the appropriate box or boxes)

- Organizational Membership (Includes 2 individual staff memberships) \$25.00 \$ _____
- Additional Staff Memberships [# of Add'l Memberships ___x \$5.00 = \$ _____] \$ _____
- Individual Membership \$15.00 \$ _____
 - Senior Adult Membership (Age 60+) \$5.00 \$ _____
 - Student Membership \$5.00 \$ _____

AMOUNT ENCLOSED Total Memberships \$ _____

ORGANIZATION MEMBERSHIP DIRECTORY INFORMATION Please complete as appropriate.

(1st Staff Member listed will be considered the organization's contact and their address will be shown as organization's address in the directory.)

Organization Name: _____

1st-Staff Member: _____ Title: _____

Mailing Address: _____ Zip Code: _____

Phone No(s): _____ Fax: _____

E-Mail Address: _____

2nd-Staff Member: _____ Title: _____

Mailing Address: _____ Zip Code: _____

Phone No(s): _____ Fax: _____

E-Mail Address: _____

(For Additional staff memberships please use the individual member spaces below & indicate "3rd Staff Member"....)

INDIVIDUAL MEMBERSHIP DIRECTORY INFORMATION Please complete as appropriate.

Individual Name: _____ Company: _____

Mailing Address: _____ Zip Code: _____

Phone No(s): _____ Fax: _____

E-Mail Address: _____

Individual Name: _____ Company: _____

Mailing Address: _____ Zip Code: _____

Phone No(s): _____ Fax: _____

E-Mail Address: _____

Individual Name: _____ Company: _____

Mailing Address: _____ Zip Code: _____

Phone No(s): _____ Fax: _____

E-Mail Address: _____