



## APPLICATION FOR MEMBERSHIP

(Please TYPE or Print CLEARLY)

Mission Statement: *To provide a professional environment for senior care providers to network, to discover new senior resources and to receive education relevant to senior issues. To be a resource center for seniors and their families in Northeast Georgia. To be a catalyst for providing emotional, physical, financial, social, and spiritual support to the local senior community.*

The North Georgia Senior Resources will extend membership to organizations that meet the following criteria:

- a) Individual, agency, or organizations primary focus is serving Northeast Georgia Senior Citizens
- b) Further a mission compatible with or complimentary to the goals and objectives of NGSR
- c) Individual, agency, or organization must be vetted locally by the following: must attend a chapter meeting as a guest and have the reference of an existing member of the chapter and done business with that member (if applicable), and been in business not less than one year to apply for full membership (less than one year may apply for provisional)
- d) Must have a valid license (ie. Secretary of State, DCH, Real Estate, Business, or like licensure)

Expectations of Collaborative Member:

- a) Individual, agency, or organizations must attend a minimum of six (6) meetings per year to remain in good standing
- b) Membership dues must be paid by March 1<sup>st</sup> of each calendar year of \$100.00 (up to 3) and \$150 (4 or more)

Expectations of North Georgia Senior Resources

- a) Provide complimentary continental breakfast at each meeting, along with relevant senior issues
- b) Provide local membership, including voting privileges to fully vetted members
- c) Link the collaborative member's website on our local chapter site
- d) Collaborative member's name and company will be included at any health fair exhibit NGSR attends or sponsors

SELECT THE TYPE OF MEMBERSHIP REQUESTED:

Full membership (Business operational greater than one year) \_\_\_\_\_ # of years operational

Provisional membership (Business operational less than one year)

\_\_\_\_\_  
Name of Existing Member Sponsor

I attest that I meet the qualifications of the membership category for which I am applying, and that I will uphold the purpose(s) of the North Georgia Senior Resources. I understand my membership will be reviewed and vetted by the current NGSR Board of Directors and I will be notified once my application has been accepted. Following membership review you will be notified and sent payment request. I understand that an application is required yearly to maintain membership and that membership does not transfer from business to business.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please mail application to NGSR, PO Box 2382, Gainesville, Georgia 30503 or by emailing to [northgeorgiaseniorresources@gmail.com](mailto:northgeorgiaseniorresources@gmail.com).



**NORTH GEORGIA**  
SENIOR RESOURCES

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*(Please TYPE or Print CLEARLY)*

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

First and Last Name of Person(s) Applying: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Licensure Information (ie Secretary of State, DCH, etc) \_\_\_\_\_

Title or Position Held with Business: \_\_\_\_\_ # years with business \_\_\_\_\_

Street Address of Business: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Website:  New Member  Renewal  # of years as active member \_\_\_\_\_

Select one (1) category \_\_\_\_\_

Assisted Living/Memory Care/Independent Living

Attorney

Financial Services

Home Accessibility

Home Healthcare/In-Home Care

Hospice

Hospital

Info/Referral Service

Medical

Medical Equipment/DME

Miscellaneous

Personal Care Home

Services

Transportation

Give a brief description about your organization and role in organization

Internal Office:  Approved  Denied (Reason) \_\_\_\_\_

Paid:  Cash  Check # \_\_\_\_\_  Credit Card (online)

*(Last updated 2/10/26)*