



MANATEE AGING NETWORK MEMBER APPLICATION

Manatee Aging Network

Company: _____

Contact Person: _____

(Corporate members please list up to two additional representatives)

1) _____ 2) _____

Contact Phone: _____ Email: _____

Address: _____

City: _____ St: _____ Zip: _____

ANNUAL MEMBERSHIP *(calendar year)* • Corporate, \$50 • Individual, \$25

I'd like more information before joining. Please contact me.

Please make check payable to: Manatee Aging Network

Mail to: Manatee Aging Network Membership

P.O. Box 11362 • Bradenton, FL 34282

e-mail: membership@mandirectory.org