



# SENIOR SERVICES ALLIANCE

## Membership Agreement

The McKinney Chamber of Commerce Senior Service Alliance is a network of chamber business professionals focused on being a resource to educate and serve the senior community and their families. Whether the need is immediate or planning for the future, Senior Service Alliance directly contributes to the Point of Need on the continuum of care and adds to the quality of life and promotes aging in place.

**Yes! My company is a member of the McKinney Chamber and I want to be a member of SSA.**

**\$50 Annual Fee**

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

Company: \_\_\_\_\_

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

Phone: \_\_\_\_\_

How did you hear of SSA or who invited you? \_\_\_\_\_

### Which category best captures your business?

Financial & Legal

Senior Living Options

Home Health / Personal Care

Senior Move / Transition Manager

Nonprofit, Community, Government

Senior Services Consulting

Facility-based Medical Services

Miscellaneous / Other \_\_\_\_\_

### How would you like to be involved in furthering the SSA mission?

Community Involvement: Assisting with volunteer opportunities and health fairs.

Breakfast Sponsor: Bring recognition to your organization by sponsoring an SSA breakfast.

Membership: Helping to invite, welcome, and follow up with new and current members.

**Non-Disclosure Agreement.** I recognize that during the course of my membership, I will become familiar with use of confidential information relating to the SSA's operation, creative collateral, and to members' clientele ("Confidential Information"). I will not at any time during or after my active membership in the SSA, for any reason, directly or indirectly, disclose to any person, firm or corporation any Confidential Information referred to above.

I recognize and acknowledge that Confidential Information remains the exclusive property of the SSA.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Payment Information

Check Enclosed      Credit Card:    Master Card    VISA    AMEX    Discover

Name on Card: \_\_\_\_\_ Total amount to be charged: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

3-digit security code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Billing address Zip Code: \_\_\_\_\_