

SENIOR SERVICES ALLIANCE

Lewisville Area Chamber of Commerce

Membership Agreement

The mission of the Senior Services Alliance is to provide a Chamber-associated body that delivers the best balance between business development and community support for the area's senior adults and their families.

Yes! I want to be an ongoing/active member of SSA (\$25 Annual Fee)

Name: _____

Company: _____

Email: _____

Phone: _____

How did you hear of SSA or who invited you? _____

Which category best captures your business?

Financial & Legal

Home Health / Personal Care

Nonprofit, Community, Government

Facility-based Medical Services

Senior Living Options

Senior Move / Transition Manager

Senior Services Consulting

Miscellaneous / Other _____

Describe a "qualified" referral for your business.

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

Community Involvement: Assisting with volunteer opportunities and health fairs.

Speaker's Bureau: Helping to promote the SSA Speaker's Bureau to community groups.

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

Programs: Helping to set up events with community locations to showcase SSA members.

Non-Disclosure Agreement. I recognize that during the course of my membership, I will become familiar with and will 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