

BEARD CENTER ON AGING

2011 CONSORTIUM ON AGING MEMBERSHIP APPLICATION

Organization/ Agency/Individual _____

Name of Agency Contact _____

Title of Agency Representative _____

Mailing Address _____

Daytime Phone Number _____ Cell Number _____

Contact's E-mail Address _____

Agency Website Address _____

(Links to agency sites will be included on the Beard Center on Agency website)

The agency representative listed above will serve as the main contact for your organization. However, you may list up to five (5) additional agency contacts to receive email updates and information.

Name _____	Title _____	Email _____
Name _____	Title _____	Email _____
Name _____	Title _____	Email _____
Name _____	Title _____	Email _____
Name _____	Title _____	Email _____

Check Type of Membership:

_____ Diamond Membership	\$200
_____ Gold Membership	\$150
_____ Silver Membership	\$ 75
_____ Bronze Membership	\$ 50
_____ Individual Membership	\$ 20

Please make your check out to the **Beard Center on Aging** and return along with your membership application or call for credit card payment:

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