

**PROFESSIONAL NETWORK ON AGING  
MEMBERSHIP APPLICATION**

Please legibly complete this form and mail with the appropriate payment to:

**PNA, 6539 Knight Arnold Rd., Ext #46, Memphis, TN 38115**

Or email to [info@pnamidsouth.org](mailto:info@pnamidsouth.org) Ph. 901-730-0528

(Or go online to [www.pnamidsouth.org](http://www.pnamidsouth.org) and pay by credit card to PNA's PayPal account)

NEW MEMBER \_\_\_\_\_ RENEWAL MEMBERSHIP \_\_\_\_\_ DATE: \_\_\_\_\_

**AGENCY/COMPANY MEMBERSHIP (incl 2 Staff Members)** \$ 125.00  
 Additional Staff Memberships \_\_\_\_\_ x \$25.00 each = \$ \_\_\_\_\_  
 TOTAL AMOUNT ENCLOSED: **TOTAL** \$ \_\_\_\_\_

**1. FOR AGENCY/COMPANY MEMBERSHIP:**

AGENCY/COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_ WEB SITE \_\_\_\_\_

CORPORATE NAME (if different) \_\_\_\_\_

	1 <sup>st</sup> PNA REPRESENTATIVE	2 <sup>nd</sup> PNA REPRESENTATIVE
NAME		
TITLE		
PHONE		
CELL		
Bus. EMAIL		
Personal Email *	<input type="checkbox"/>	<input type="checkbox"/>

\*Personal Email is optional. It will be for PNA use only and not appear on website. Check box if you prefer to receive PNA emails to your personal account. (Include any additional Members on another page, following the same format. MUST have email address for each rep.)

Would you like your business to be included in the Resources section on the PNA website?  Yes  No

**PAYMENT INFORMATION: CHECK # \_\_\_\_\_ OR CREDIT CARD:**

CREDIT CARD NUMBER:		TYPE:	
NAME ON CARD:		EXPIRATION DATE:	CVV: _____
ZIP CODE OF CARD:			

**2. FOR INDIVIDUAL MEMBERS ONLY: (Retired individuals, or not with a company): \$65.00/year**

NAME \_\_\_\_\_

ADDRESS INCL. ZIP \_\_\_\_\_

PERSONAL PHONE \_\_\_\_\_ PERSONAL EMAIL \_\_\_\_\_

**PAYMENT INFORMATION:** CC (fill in above) OR CHECK # \_\_\_\_\_

OFFICE USE ONLY: INVOICE # \_\_\_\_\_ CHK # \_\_\_\_\_ CC LOG # \_\_\_\_\_

DATE PD \_\_\_\_\_ AMT PD \_\_\_\_\_ DUES EXPIRE \_\_\_\_\_