

Agency Name: _____

Agency Description: Healthcare Senior Living facility Products & Services Financial Other

Address: _____

Agency Phone: _____ Fax: _____

Agency Website: _____ County: _____

Agency Director / CEO: _____ Not-for-Profit For-Profit

Primary Contact Name: _____ Title: _____

Primary Contact Address: Same as above or Other: _____

Contact Phone: _____ Fax: _____

Email: _____ Preferred Communication: Email Phone Fax Mail

Secondary Contact Name: _____ Title: _____

Secondary Contact Address: Same as above or Other: _____

Contact Phone: _____ Fax: _____

Email: _____ Preferred Communication: Email Phone Fax Mail

Are you interested in sponsoring one of our membership meeting this year? Yes No

2025 Membership Fee Invoice

Single Agency Membership Fee (one location): \$150.00 per year, January - December.
(Companies with multiple facilities must enroll separate membership for each facility)

Please send completed application and check to: Senior Marketing Group P.O. Box 115 Muskegon, MI 49443

Questions - please contact:

Jamie Medema-Elara Caring Home Health, (616) 975-6200 or Wendy Little-The Village at Park Terrace @ 231-755-6560

Email: info@smgmuskegon.com

Signature: _____ Date of Application: _____

Please make checks payable to Senior Marketing Group of West Michigan

I hereby give the Senior Marketing Group permission to use photograph (s) taken of myself in a marketing manner.
I relinquish all rights, title and interest I may have in the finished pictures, negatives and copies of this purpose.
I waive the right of prior approval and hereby release the Senior Marketing Group from any and all claims for damages of any and all kinds based on their use of these photographs.

Member Receipt

\$150.00 Paid to the Senior Marketing Group of West Michigan Membership.
This membership is current through December, 2025.

Board Director Signature: _____ Date: _____