



**Aging  
Services  
of Arizona**

**2010**  
**BUSINESS MEMBER**  
*Application for Membership*

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**INDIVIDUAL MEMBERSHIP:**

**\$150.00 (per year)**

Name of Business: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Web Site: \_\_\_\_\_

Brief Description of Services for our Website:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Signature of Applicant

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Date

**Return application and payment to:**

**Aging Services of Arizona**  
**3877 North 7<sup>th</sup> Street, suite 240**  
**Phoenix, AZ 85014**  
**Phone: 602-230-0026**  
**Fax: 602-230-0563**