

Membership Application ■ September 1, 2009 to August 31, 2010

If you are a current member and approve of your current listing information and company description on our website you may not need to complete this entire application. Please go to www.mypcadv.org to view your listing.

Please make any changes below in PART I, PART II, PART III and/or PART IV.

All information is correct and unchanged _____ (Please initial)

Name: _____ Company: _____

Type of Membership applicable:

_____ Individual \$ 95.00 up to 1 person per event per company
_____ Corporate \$ 300.00 up to 4 persons per event per company

PART I - Personal contact information:

Name: _____ Title: _____

The person who is responsible for distributing PCADV information within the organization.

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

For Corporate Memberships please photocopy and repeat this part for all 4 members.

Part II

Company or Community Name _____

Location _____ Website _____

Key Contact _____ Title _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Email: _____

PART III

Please provide a legible description of the type of business and services offered by your organization. ***If at all possible please email this description to info@mypcadv.org.***

PART IV

Please indicate type of business by checking all that apply. If yours if not listed here please add it.

<input type="checkbox"/>	Adaptive Living Consultant	<input type="checkbox"/>	Independent Living
<input type="checkbox"/>	Adult Daycare Center	<input type="checkbox"/>	Long Term Housing for Disabled Adults
<input type="checkbox"/>	Assisted Living	<input type="checkbox"/>	Low Income Senior Housing
<input type="checkbox"/>	Association on Aging	<input type="checkbox"/>	Medical Equipment Leasing and Sales
<input type="checkbox"/>	Attorney, Elder Law and Legal Services	<input type="checkbox"/>	Medicare/Medicaid Information
<input type="checkbox"/>	Auction / Estate Sales / eBay Sales	<input type="checkbox"/>	Mental Health and Counseling Service
<input type="checkbox"/>	Bill Paying Services / Daily Money Management	<input type="checkbox"/>	Move Manager
<input type="checkbox"/>	Business and Strategic Planning Services	<input type="checkbox"/>	Moving Company
<input type="checkbox"/>	Continuing Care Retirement Community (CCRC)	<input type="checkbox"/>	National Association
<input type="checkbox"/>	Decluttering / Downsizing	<input type="checkbox"/>	Physician Office
<input type="checkbox"/>	Elder Safety Products	<input type="checkbox"/>	Public Relations
<input type="checkbox"/>	Emergency Response Medical Alert	<input type="checkbox"/>	Publication
<input type="checkbox"/>	Estate Planning	<input type="checkbox"/>	Realtor
<input type="checkbox"/>	Estate Sales	<input type="checkbox"/>	Rehabilitation Program
<input type="checkbox"/>	Financial and Insurance Services	<input type="checkbox"/>	Respite Care
<input type="checkbox"/>	Geriatric Care Management	<input type="checkbox"/>	Reverse Mortgages
<input type="checkbox"/>	Governmental Agency on Aging	<input type="checkbox"/>	Skilled Nursing
<input type="checkbox"/>	Health, Wellness and Fitness Service	<input type="checkbox"/>	Senior Center
<input type="checkbox"/>	Home Care, Medical	<input type="checkbox"/>	Social Services
<input type="checkbox"/>	Home Care, Non-Medical	<input type="checkbox"/>	Temporary Staffing Agency
<input type="checkbox"/>	Home Stager / Decorator	<input type="checkbox"/>	Veterans Benefits and Services
<input type="checkbox"/>	Hospice Service	<input type="checkbox"/>	Volunteer Service
<input type="checkbox"/>	Hospital	<input type="checkbox"/>	
<input type="checkbox"/>	Household Management Services	<input type="checkbox"/>	

Submitting Advertisements

Ads can take any size, shape or form. Color or black and white is fine. All ads are to be emailed in a pdf or jpg format. If you are having an ad designed, we suggest the minimum size is 5” x 5”, but the larger the ad, the better the resolution will be. There is no “maximum” size. If you do not have an ad you can send a business card with the application and it can be scanned and posted on your “web page” as an ad. It is a hi-resolution scan and the quality is very good on the website. Please email ads to info@mypcadv.org.

Please mail business cards to Sage Age Mature Strategies – PCADV Ads, 322 Broad Street, Montoursville, PA 17754.

Please mail application and check payable to PCADV to:

Jean St. Clair, 140 Gable Road, Paoli, PA 19301

Tel: 610-408-8749; Email jeanstclair@verizon.net

We appreciate your support in joining the PCADV and advertising on our website.