

Central Westchester Geriatric Committee

www.centralwgc.org

As a group of professionals, we create a forum for education. We network and present programs concerning issues related to the aging population.

MEMBER REGISTRATION FORM **September 2017 – August 2018** **REGISTRATION FEE: \$40.00/YEAR***

Facility/Organization

Name Only: _____

Category (Check Box): Licensed Assisted Living Residential Senior Living Adult Day/Medical
 Adult Day/Social Home Care/Skilled Home Care/Non-Medical Geriatric Care Manager
 SNF/Rehab Public Community Service Other (specify): _____

Only complete if information has changed
PARTIALLY COMPLETED FORMS WILL BE RETURNED

Address: _____

Phone: _____ **Website:** _____

Registrants (up to 2 names):

1. _____ **Email:** _____

2. _____ **Email:** _____

Please mail completed application and \$40.00 dues to:

Diana Morris, Client Service Consultant
Privatus Care Solutions
15 Valley Drive
Greenwich, CT 06831

***Make checks payable to:** Central Westchester Geriatric Committee

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914-428-3782 x 104

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