

Membership form

Date _____

Name _____

Organization _____

Organization Type _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

Email _____

ORGANIZATIONAL MEMBERSHIP
Based on Staff Size

- Small-Sized Organization \$150.00
1-25 Staff Members
- Medium-Sized Organization \$250.00
26-200 Staff Members
- Large-Sized Organization \$500.00
More than 200 Staff Members

Please make checks payable to:
Milwaukee Aging Consortium
700 West Virginia Street, Suite 207
Milwaukee WI 53204
www.milwagingconsortium.org