

BALTIMORE COUNTY PROVIDER COUNCIL
2009 - 2010
MEMBERSHIP FORM

Membership year runs July 1, 2009 through June 30, 2010

.....
INDIVIDUAL MEMBERSHIP

\$20.00

(Please print clearly)

Name: _____
Title of Profession: _____
Organization: _____
Street Address: _____
City, Zip: _____
Telephone Number: _____
E-Mail Address: _____

MAILING ADDRESS, IF DIFFERENT FROM MEMBERSHIP ADDRESS

Name: _____
Address: _____
City, Zip: _____

.....
Membership Renewal must be completed by August 15, 2009 to be invited to the Fall Luncheon.

Please include a **\$20 check made payable to Baltimore County Provider Council**.

Mail to:

Baltimore County Provider Council
c/o Department of Aging
611 Central Avenue, Room 225
Towson, MD 21204
Attention: Tina Bergman

410-887-4202
www.bcpcouncil.org