



MEMBERSHIP APPLICATION
SEPTEMBER 1, 2018 – AUGUST 31, 2019
PLEASE COMPLETE ALL FIELDS

Current members can also renew and update their profile online at www.il-coc.org

DATE: _____

FIRST NAME: _____ LAST NAME: _____

BUSINESS NAME: _____ BUSINESS PHONE: _____

BUSINESS ADDRESS: _____ MOBILE: _____

CITY, STATE, ZIP: _____ FAX: _____

BUSINESS EMAIL: _____

BUSINESS WEBSITE: _____

HOME PHONE: _____ PERSONAL EMAIL: _____

PREFERRED EMAIL: ____ PERSONAL ____ BUSINESS / PREFERRED PHONE: ____ BUSINESS ____ MOBILE

NEW MEMBER: _____ RENEWING MEMBER: _____

SELECT PRIMARY BUSINESS CATEGORY (LIMIT OF 2)

ASSISTED LIVING	MEDICAL EQUIPMENT	
CARE MANAGEMENT	MONEY MANAGEMENT	
FINANCIAL	MOVE MANAGEMENT	
HEALTHCARE	NON-MEDICAL HOME CARE	
HOME HEALTH (SKILLED)	NURSING FACILITIES	
HOSPICE/PALLIATIVE CARE	ORGANIZING	
HOSPITAL	REALTOR	
INSURANCE	SENIOR CENTER	
LEGAL	SENIOR LIVING	
OTHER	OTHER	

Select Which Chapters you wish to join. Annual Membership of \$65 includes up to 2 chapters.

Alpha	
Chicago	
Eastern Prairie	
Heart of Illinois	
Heritage Corridor	
Lake McHenry	
NW Metro	
Peoria	
South Chicago	
South Suburban	
Three Rivers	

ADDITIONAL CHAPTERS ARE **\$15** EACH AT THE TIME OF REGISTRATION. CHAPTER CHANGES MADE AFTER REGISTRATION ARE **\$20** EACH.
UP TO 2 CHAPTERS = \$65, 3 CHAPTERS = \$80, 4 CHAPTERS = \$95, 5 CHAPTERS = \$110, 6 CHAPTERS = \$125, 7 CHAPTERS = \$140, 8 CHAPTERS = \$155, 9 CHAPTERS = \$170, 10 CHAPTERS = \$185.

PAYMENT TOTAL \$ _____ CHECK# _____ AMOUNT OF CHECK: \$ _____ PAYABLE TO IL CONTINUITY OF CARE

CREDIT CARD: ____ AMEX ____ DISCOVER ____ MASTER CARD ____ VISA

CARD # _____ EXP DATE: _____ SECURITY CODE: _____

SIGNATURE: _____

PLEASE COMPLETE THIS FORM IN FULL. INCLUDE CHECK OR CREDIT CARD INFORMATION AND MAIL TO:
PAM COLOVOS, PO BOX 56403, HARWOOD HEIGHTS, IL 60706

PLEASE CONTACT YOUR CHAPTER TREASURER IF YOU HAVE ANY QUESTIONS. THE LIST OF CHAPTER TREASURERS CAN BE FOUND ON THE WEBSITE UNDER YOUR INDIVIDUAL CHAPTER.

BY COMPLETING THIS MEMBERSHIP APPLICATION, YOU ARE GIVING PERMISSION TO BE CONTACTED BY THE IL CONTINUITY OF CARE FOR THE PURPOSES OF MARKETING AND NOTIFICATIONS.

ANYONE NOT WILLING TO BE UPDATED WILL BE ABLE TO OPT-OUT UPON RECEIPT OF EMAILED INFORMATION.