



MEMBERSHIP APPLICATION
SEPTEMBER 1, 2019 – AUGUST 31, 2020
PLEASE COMPLETE ALL FIELDS

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

IL-COC Membership is for individuals, not business or corporate membership

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 \$75 includes up to 2 chapters.

Alpha	
Chicago	
Eastern Prairie	
Heart of Illinois	
Heritage Corridor	
Lake McHenry	
NW Metro	
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 = \$75, 3 CHAPTERS = \$90, 4 CHAPTERS = \$105, 5 CHAPTERS = \$120, 6 CHAPTERS = \$135, 7 CHAPTERS = \$150, 8 CHAPTERS = \$165, 9 CHAPTERS = \$180, 10 CHAPTERS = \$195.

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.