



Hunt County Senior Service Alliance Membership Application

The Hunt County Senior Service Alliance is a network of chamber business professionals focused on being a resource to educate and serve the senior community and their families. Whether the need is immediate or planning for the future, Hunt County Senior Service Alliance directly contributes to the direct need on the continuum of care and adds to the quality of life and promotes aging in place.

___ **Yes! My company is a member of the Greenville Chamber and I want to be a member of HCSSA.**
\$50 Annual Fee

Name: _____
Company: _____
Email: _____
Phone: _____

How did you hear of HCSSA or who invited you? _____

Which category best captures your business?

- ___ Financial & Legal
- ___ Home Health / Personal Care
- ___ Nonprofit, Community, Government
- ___ Facility-based Medical Services
- ___ Senior Living Options
- ___ Senior Move / Transition Manager
- ___ Senior Services Consulting
- ___ Miscellaneous / Other _____

How would you like to be involved in furthering the HCSSA mission?

- ___ Community Involvement: Assisting with volunteer opportunities and health fairs.
- ___ Breakfast Sponsor: Bring recognition to your organization by sponsoring a HCSSA breakfast.
- ___ Membership: Helping to invite, welcome, and follow up with new and current members.

Non-Disclosure Agreement. I recognize that during the course of my membership, I will become familiar with use of confidential information relating to the HCSSA's operation, creative collateral, and to members' clientele ("Confidential Information"). I will not at any time during or after my active membership in the HCSSA, for any reason, directly or indirectly, disclose to any person, firm or corporation any Confidential Information referred to above.

I recognize and acknowledge that Confidential Information remains the exclusive property of the HCSSA.

Signature Date

Payment Information

Check Enclosed Credit Card: Master Card VISA AMEX Discover
Name on Card: _____ Total amount to be charged: _____

Credit Card Number: _____

3-digit security code: _____ Expiration Date: _____ Billing address Zip Code: _____

Greenville Chamber
of Commerce
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