



2009 Application for Associate Membership

Company: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Web: _____

Description of product(s) or service(s) (up to 50 words):

Choose category from reverse side:

Associate Dues: \$600

Membership referred by: _____

MAIL COMPLETED APPLICATION TO:
Joan Hyman, Director of Member Services
LifeSpan Network, 10280 Old Columbia Road, Suite 220, Columbia, MD 21046

Categories for Associate Membership

Accounting & Financial Services & Consultants
Advocacy
Ambulance & Wheelchair Transportation Services
Architectural/Design Services
Assisted Living Management Services
Associations
Background Checks
Banking/Investment Services
Beautician Services
Computer Services/Software & Consulting
Commercial Flooring Contractor/Consultant
Construction/General Contracting
Durable Medical Equipment
Educational/Professional Services
Facility/Project Development
Food Services & Consulting
Government Agencies
Graphic Design Services
Group Purchasing Services
Home Health Care Services
Hospice Care
Insurance Services
Interior Design Services
Legal Services
Long-Term Care Management Services
Maintenance/Housekeeping/Laundry Services
Marketing/Public Relations
Medical Supply
Pest Control Services
Pharmacy/Pharmaceutical Services & Medical Supply
Portable X-Ray EKG and Sonogram Services
Products/Services
Publications
Security Services
Senior Move Management Services
Telecommunications Services
Therapists
Transportation Services