

Membership Application and Directory Listing for 2009/10

Please fill in the following information for your ESCOTA membership and directory/website listing, and return no later than March 1, 2010. Directories will be mailed to members. Membership year runs from September to June. *Please type or print neatly. Attach an additional sheet if more space is needed (do not attach a brochure).*

PLEASE CHECK ONE: NEW MEMBER RENEWAL TODAY'S DATE: _____

MEMBERSHIP FEE:
 INDIVIDUAL or ORGANIZATION (\$75/listing) CONTRIBUTION: \$ _____ **TOTAL ENCLOSED: \$ _____**

ORGANIZATION: _____

CONTACT PERSON: _____ TITLE: _____

ADDRESS: _____ MAILING ADDRESS (if different): _____

PHONE: _____ FAX: _____ EMAIL: _____ WEB: _____

SERVICES PROVIDED / ORGANIZATION DESCRIPTION: _____ ELIGIBILITY AND GEOGRAPHIC AREAS SERVED: _____

FEES CHARGED: _____ ADDITIONAL INFORMATION: _____

STAFF (director/intake/workers with tel and email): _____

SERVICE CATEGORIES (Check all categories that best describe your profession and/or the services you provide):

- | | | | |
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| <input type="checkbox"/> Adult Day Program | <input type="checkbox"/> Emerg. Response System | <input type="checkbox"/> Info & Referral | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Alternative Therapies | <input type="checkbox"/> Employment Service | <input type="checkbox"/> Insurance/Long-Term Care | <input type="checkbox"/> Religious Institution |
| <input type="checkbox"/> Attorney/Legal Services | <input type="checkbox"/> Entitlement Services | <input type="checkbox"/> Meal Program | <input type="checkbox"/> Residence |
| <input type="checkbox"/> Care/Case Management | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Medical Care | <input type="checkbox"/> Respite Care |
| <input type="checkbox"/> Caregiver Services | <input type="checkbox"/> Friendly Visiting, no fee | <input type="checkbox"/> Moving/Organizing | <input type="checkbox"/> Shop/Escort |
| <input type="checkbox"/> Community/Senior Center | <input type="checkbox"/> Home Care | <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Dementia/Cog Disorders | <input type="checkbox"/> Home Visits | <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Support Groups |
| <input type="checkbox"/> Education/Recreation | <input type="checkbox"/> Hospital | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Elder Abuse Intervention | <input type="checkbox"/> Housing Assistance | <input type="checkbox"/> Psychotherapist | |

Make check payable to ESCOTA and return to:	Christopher Chin, LMSW Lenox Hill Neighborhood House 331 East 70th Street New York, NY 10021 tel: 212-744-5022 x1266	<i>For information regarding membership</i> , please contact Greg Lechtenberg, Membership Chair, at 718-425-4600 or greg@caringpeople.com <i>For information regarding ESCOTA's website/directory</i> , contact Sonya Weissappel, Directory/Website Chair, at 212-877-3267 or sonya@seriatim.net
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