

MONROVIA PROVIDERS GROUP
RENEWAL - Membership 2012

MEMBER RENEWAL INFORMATION

Date: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Name of Organization/Business: _____

Type of Business: _____

Email: _____ Tele: _____ Cell: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Circle Your Credential: MD LCSW MFT CFP RN LVN PT OT ST Other: _____

CIRCLE SERVICE DESCRIPTION:

INDEPENDENT LIVING ASSISTED LIVING BOARD & CARE HOMECARE

HOME HEALTH FINANCIAL SERVICES INSURANCE LEGAL SERVICES

CIVIL SERVICE: _____ Medical: _____ OTHER: _____

ANNUAL DUES:

Please attach a copy of your current business license, professional licenses and/or certifications along with your membership dues.

_____ Membership Renewal Application

_____ Annual Dues in the amount of \$50.00 is attached (*mailed by January 31st*)

_____ Annual Dues in the amount of \$75.00 is attached

I attest that all copies of licenses are valid and up to date.

Applicant Signature: _____ Date: _____

MAIL APPLICATION TO:

Monrovia Community Center - **Monrovia Providers Group**

PO BOX 2068,

Monrovia, CA 91017

Attn: Membership

Date Received: _____ Check #: _____ Cash Paid: _____

MPG Representative / Signature: _____