

# Elder Angels, Inc Membership Application

Name \_\_\_\_\_

Agency/Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone w/ area code \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_ Renewal    New Member

I do hereby apply for membership in ElderAngels, Inc. This non-profit organization assists victims of financial elder abuse and educates the public about said crimes.

**Please complete this application and send your annual dues of \$50 with a check made payable to ElderAngels, Inc., The dues are payable each January 1, for the full calendar year.**

**Mail to:**

ElderAngels, Inc.

P.O. Box 882

Pacifica, CA 94044-0882