



Elder Care Network Membership Agreement

Dear potential ECN member,

Thank you for your interest in learning more about the Elder Care Network of Larimer County; we are pleased that you are considering joining us!

The mission of the Elder Care Network is to assist Larimer County Seniors by providing information, resources and support to caregivers and to professional service providers. The network is made up of family members and community professionals who host and promote activities intended to assist family caregivers and seniors in making informed decisions.

Because we are an organization that is known locally for “getting things done,” we are dedicated to growing our membership with certain considerations in mind. We believe that ECN members **BENEFIT** from their membership with the organization, and we have certain **EXPECTATIONS** of membership that we believe benefit the organization in return.

Most ECN members would agree that there are **several benefits** from belonging, including:

- 1) An ongoing opportunity to *network and socialize* professionally with other dedicated people who specialize in working with seniors and their caregivers in Larimer County.
- 2) These personal connections make *referring clients* easier. Your name and business will be referred more often, and in turn, you will feel more confident when referring your clients to resources you know and trust.
- 3) You will have *increased visibility* in the community as a caring professional who works with seniors and caregivers. This “top of mind” awareness and positive reputation is priceless.
 - Throughout the year, ECN is involved in various community outreach endeavors. Occasionally, members are invited to become sponsors by *advertising* their own businesses, as members of ECN. This advertising is relatively competitive in pricing, and again, will typically reach your target market for business purposes.
 - ECN members are listed on the Elder Care Network’s *website*, providing free advertising of members’ products and services.

Eligibility to become a member:

According to our by-laws, the only two criteria members must meet to acquire ECN membership are:

- Send a **\$50.00** annual membership fee. Make checks payable to Foundation on Aging. Mail to PO Box 272687, Fort Collins, CO 80527.
- Be *actively involved* on at least one committee

Definition of “actively involved:”

- 1) Within 60 days of joining ECN, new members must officially join a committee of their choosing. This can be accomplished in one of two ways: a) attend a meeting of the Steering Committee (where each committee is represented by its Chair; new members will learn about each committee’s purpose and current projects), or b) contact one or two Committee Chairs by phone or e-mail to determine which committee will be a good fit.



- 2) Appropriate levels of participation vary by committee; however, each committee does have set criteria for active involvement, and all members of that committee must stay active throughout the year to the level outlined by that committee.
- 3) Every member is evaluated between January and March of each year to assess his/her level of participation. If participation is not meeting expressed expectations of the Committee Chair, the ECN Executive Committee reserves the right to remove a member's contact information from the website and/or withhold information from print advertising, without refunding the member's \$50 membership fee.
- 4) Finally, if participation is determined to be lacking or inadequate, renewal of ECN membership may be jeopardized for the following year.

I, _____, understand the above *benefits and eligibility* of ECN membership, and I agree to adhere to the expectations of membership as outlined here by actively participating on a committee of my choosing for the duration of my membership.

Date _____

Organization Name _____

Address _____

Phone _____

Web Address _____

Business Category (i.e. skilled nursing, non medical home care, legal) _____

Representative Name _____

Phone _____

Cell _____

E Mail Address _____

Committee Preferences (2) _____

optional:

Second Representative Name _____

Phone _____

Cell _____

E Mail Address _____

Committee Preferences (2) _____

DISCLAIMER: This is not a legally binding document, rather an agreement of understanding between two parties, you and the volunteer organization known as ECN.