

2026 Annual Membership Application

Geriatric Interest Network (GIN) of Centre County

Membership Type:

_____ Agency Membership (\$100)

_____ Individual Membership (\$50)

Name

Agency/Organization Address

City

State

Zip

Phone

email address

For agencies, please list the names and email address of others in your agency who wish to be added to the GIN listserv in order to receive email updates and information.

Name

email address

Name

email address

Name

email address

Name

email address

Please submit completed form along with payment. Membership application and payment can also be submitted electronically at <https://www.centrecountygin.com/>.

For more information, please email centrecountygin@yahoo.com.

Please make checks payable to **G.I.N.**

Mail to:
GIN of Centre County
P.O. Box 340
Boalsburg, PA 16827