



Membership Application

Your Name: _____

Email Address: _____

Your Organization's Name: _____

Your Organization's Address: _____

Description of work you/your organization does:

How is your work connected to older adults or elder abuse?

How did you hear about the Kent County Elder Abuse Coalition?

Why are you interested in becoming a member of the Kent County Elder Abuse Coalition?

What do you hope to get out of becoming a member of the Kent County Elder Abuse Coalition?
