



Application for Membership 2023 (January-December)

Member Name & Title: _____

Place of Employment: _____

Address: _____

Website Address: _____

Mobile Phone: _____ Work Phone: _____

Email: _____

Personal Email (Optional): _____

Nature of Product or Services offered to Senior Market: _____

How did you hear about us? _____

Please visit www.upstateseniornetwork.org and refer to the code of ethics.

Acceptance of USN Code of Ethics: (sign & date)

Our Federal Tax ID # is 56-2309210, organized as a 501 (C) 6 non-profit trade association.
Annual membership fee is \$100.00

Mailing Address:

Upstate Senior Network, P.O. Box 25811, Greenville, SC 29616

Or

Credit Card

Name on Card _____

Card Number _____ **Exp Date** _____

CVV2 # _____ **(on back of card) Billing Zip Code** _____

