**Triad Senior Service Provider: Directory Information**

Business Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suite: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website https://\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business or Service Description (50 words or less) in Word format.

Along with your LOGO in jpeg or png format.

|  |
| --- |
| Business or Service Description: |

I would like to join Triad and agree to the following member commitment(s) check all that apply.

\_\_\_\_\_ Commit to attend 7 of the 12 monthly Triad meetings and 3 of the 6 events in the calendar year.

\_\_\_\_\_ I am willing to contribute my time on a committee

\_\_\_\_\_ I am interested in learning more about sponsorship opportunities. You can contact me at the number provided.

I am including:

\_\_\_\_\_ Business or Service Description (50 words or less) in Word format.

\_\_\_\_\_ LOGO in jpeg. or png. format.

Please return to NapervilleLisleTRIAD@gmail.com