

Professional Geriatric Care Managers _____ Unit _____ Chapter NAPGCM

The _____ unit is an affiliate group of the _____ Chapter of the National Association of Professional Geriatric Care Managers (NAPGCM). It is comprised of individuals who meet the _____ unit membership criteria and whose purpose is to strengthen, train, assist, support, and regulate qualified members in order to ensure the development, advancement, and promotion of humane and dignified social, psychological, and health care for the elderly and their families.

A goal is to promote professional development, community education and networking on a local level.

To be a member, the person must be a member of NAPGCM and the _____ Chapter and attend meetings a minimum of 1x/quarter- or be actively involved in the Chapter or Unit in another capacity.

Membership Status

CARE MANAGER CATEGORY: A person who is a member of the National Association of Professional Geriatric Care Managers (NAPGCM) and is a member of the _____ Chapter. All care manager category members shall accept and adhere to the purpose, standards, policies, and procedures established by the Association (NAPGCM). The Care Manager Category is a voting member.

ASSOCIATE, AFFILIATE, EMERITUS, STUDENT MEMBERSHIP CATEGORY: A person who is a member of NAPGCM and _____ chapter in one of these categories. These members will adhere to the standards of NAPGCM and are non-voting member of NAPGCM-_____unit and cannot hold office in the organization.

Advantages of being a Care Manager in a unit

- Voting Privileges
- Participation in marketing activities within the Community
- Inclusion on the list of Members available for distribution within the community for marketing.

Membership Application

NAME _____ **Credentials** _____

Organization _____

Address _____

Street

City

State

Zip Code

Telephone _____

Work

Home

Mobile

E-Mail _____ **Fax** _____

Experience _____

Membership Category: Care Manager Member _____

Associate, Affiliate, Emeritus, Student Member _____

I hereby certify that I am a member of the National Association of Professional Geriatric Care Managers and _____ Chapter for 20__.

I am certified as a _____ **CMC** _____ **CCM** _____ **C-ASWCM** _____ **C-SWCM**

Signature

Date