



Minnesota Gerontological Society Membership Form

Name _____

Title _____

Organization _____

Address _____

City, State, Zip Code _____

Phone _____ Fax _____

E-mail Address (very important): _____

Is this a Business or Home Address? (For listing in *MGS Membership Directory*.) Business Home

Indicate your Membership Type: Individual Member \$55 Retiree \$35 Student \$25

We would welcome your tax-deductible contribution to the MGS for programs or for the Gerald Bloedow Scholarship fund. Please include payment with your membership and specify the amount below:

I wish to donate \$ _____ (specify other amount) to support MGS programs

I wish to donate \$ _____ (specify other amount) to the Scholarship Fund

Payment must be received with this form. Fill in Visa or Master Card information below and mail, *make checks payable to Minnesota Gerontological Society or fill out form and pay by credit card online at www.mngero.org.*

Name _____

Address _____

Visa/Master Card Account Number: _____

Expiration Date: _____

Areas of Expertise or Interest:

Please note your areas of expertise or interest. Check all that apply:

- Expertise Interest in Aging & Health Care Policy – Federal, State, or Local
- Expertise Interest in Aging & Health Care Practice*
- Expertise Interest in Aging & Health Care Research*

*Could you designate a specific area of interest or setting for either Practice or Research?

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- Expertise Interest in Sociology, Demographic Trends, Diversity
 - Expertise Interest in Economics of Aging
 - Expertise Interest in Education/Training of Workforce
 - Expertise Interest in Family Caregivers/Caregiver Support
 - Expertise Interest in Legal Issues – Adult Protection, Advocacy, Ombudsman
 - Expertise Interest in Psychology, Mental Health
 - Expertise Interest in Spirituality, Ethics
 - Expertise Interest in Technology/Environmental Adaptations
 - Expertise Interest in Work and Retirement Issues for Older Adults
 - Expertise Interest in International systems/programs

Other (describe) _____

Please note your discipline and the setting in which you practice:

Discipline

- Case Manager
- Consultant: Specify:

- Educator/Professor
- Executive Administrator/Senior Manager
- Financial Advisor
- Nurse/Nurse Practitioner
- Ombudsman/Legal Advocate
- Physician/Clinician
- Pharmacist
- Program Manager/Director
- Psychologist/Mental Health Professional
- Rehabilitation Therapist
- Research Scientist/Analyst
- Social Worker
- Statistician/Demographer
- Other _____

Setting

- Academic Setting/College, University
- Community-based Organization
- Consulting Organization
- Government: Specify:

- Health Plan/Insurance Company
- Health System
- Home Care Agency
- Housing/Assisted Living
- Law Office/Advocacy Organization
- Membership Organization
- Non-profit Organization
- Nursing Facility
- Philanthropic Organization
- Retired
- Self-employed
- Other _____

MGS Activities

Please check your area of interest in MGS activities. We welcome your involvement in planning and participation in the following events and committees

- Spring Conference** – help in planning the MGS Annual conference, identify current topics and speakers of interest
- Seminars** – join the Education Committee to plan brief programs on research or practice
- Membership Committee** – join the Membership Committee to work on enhancing membership services and increasing MGS membership
- Gerald Bloedow Scholarship** – disseminate information about this opportunity to students
- Dutch Kastenbaum Award** – disseminate information about nominations for outstanding gerontologist in Minnesota

If you have questions, contact the MGS Office at **952-829-5937 extension #3** or e-mail at mgs@mngero.org.

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MGS
PO Box 24562
Minneapolis, MN 55424-0562