



**Westside Marketing and Admissions Professionals for Seniors  
Directory Listing Form – 2019/2020**

Payment of \$100 entitles your company to a listing on the Westside M.A.P.S. website, including your company logo, in the "Members" section **through September 2020**; payment is not prorated.

Please print and complete this form. Please bring your completed form with payment to the next Westside M.A.P.S. meeting and give to a committee member.

We will only be able to accept your directory listing when it is accompanied by a check. Thank you for submitting your form and check together.

Please email a jpg file of your company logo to [Jill@SurveyMySite.com](mailto:Jill@SurveyMySite.com).

Organization Name: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Company Description (**max 100 characters**): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Initial here if you have an existing listing and there are NO CHANGES. If you have NO CHANGES, you do not need to complete the remainder of the form. Please submit this form with your payment of \$100.

Organization Website: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

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

Fax Number: \_\_\_\_\_

License #: \_\_\_\_\_

**All information received will be listed on [www.wsmaps.org](http://www.wsmaps.org)**

Type of Service (**choose one**):

\_\_\_\_\_ Assisted Living Community

\_\_\_\_\_ Home Modification Company/DME

\_\_\_\_\_ Financial, Legal, Insurance

\_\_\_\_\_ Senior Mover/Organizer

\_\_\_\_\_ Caregiver Agency

\_\_\_\_\_ Home Health & Hospice

\_\_\_\_\_ Aging Life Care Manager

\_\_\_\_\_ Physician or Dentist

\_\_\_\_\_ Senior Placement Service

\_\_\_\_\_ Other Senior Services