



The Northwest Ohio Gerontological Association was formed to provide members informational opportunities, networking, and a support system for those involved in the field of aging along with advocacy for those whose needs are not being met. We encourage you to join NOGA (or to renew) and be a part of a strong and active organization to better the life of seniors.

2026 NOGA MEMBERSHIP/SPONSORSHIP APPLICATION FORM*

NOGA'S MEMBERSHIP YEAR RUNS JANUARY 1 THROUGH DECEMBER 31, 2026

PLEASE VISIT WWW.NOGAONLINE.ORG FOR MORE INFORMATION, E.G., WEBSITE LINK SUBSCRIPTIONS / COMMITTEE DESCRIPTIONS

PLEASE PRINT YOUR INFORMATION BELOW CLEARLY.

NAME _____

RENEWAL

NEW MEMBER

Ms. Mrs. Mr. Dr. Sr. Mx.

PLEASE CHECK IF YOU HAVE A FACEBOOK PAGE: YES NO NOGA's FACEBOOK PAGE: WWW.FACEBOOK.COM/NOGAPAGE/

EMAIL ADDRESS^ _____

^Required ~ our preferred method of communication with our members – please print clearly and completely

SPONSORS' / WEBSITE LINK SUBSCRIBERS' WEBSITE ADDRESS: _____

Please submit a 100 word website link description and your company logo in .jpg, .gif, .png or .tif format to the NOGA Office

CONTACT INFORMATION: (RENEWALS ONLY ~ IF THERE ARE NO CHANGES, PLEASE PROCEED TO DUES SECTION)

TITLE/POSITION _____

PLACE OF EMPLOYMENT _____

THIS IS MY: WORK HOME MAILING ADDRESS _____
(please check one)

CITY _____

STATE _____

ZIP CODE _____

TELEPHONE NUMBERS: _____ / _____

CELL OR HOME NUMBER

WORK NUMBER

EXT.

FAX NUMBER

COMMITTEES: I AM INTERESTED IN THE FOLLOWING COMMITTEES:

ADVOCACY COMMUNICATIONS/PUBLIC RELATIONS HOSPITALITY PROGRAM

SPONSORS RECEIVE MULTIPLE MEMBERSHIPS, A LINK ON THE NOGA WEBSITE, AND INCLUSION IN MONTHLY PUBLICATIONS, ETC.
PLEASE CHECK THE APPROPRIATE SELECTION(S) AND THE METHOD OF YOUR PAYMENT BELOW:

DUES	SELECT YOUR MEMBERSHIP/SPONSORSHIP LEVEL
<input type="checkbox"/> \$ 45.00	INDIVIDUAL MEMBER
<input type="checkbox"/> \$ 20.00	SENIOR CITIZEN (65+ YEARS OF AGE <u>AND</u> RETIRED)
<input type="checkbox"/> \$ 20.00	STUDENT (W/EVIDENCE OF FULL-TIME ENROLLMENT)
<input type="checkbox"/> \$ 25.00	WEBSITE LINK SUBSCRIPTION
<input type="checkbox"/> \$305.00	GOLD SPONSOR (INC. 6 MEMBERSHIPS + WEBSITE LINK)
<input type="checkbox"/> \$205.00	SILVER SPONSOR (INC. 4 MEMBERSHIPS + WEBSITE LINK)
<input type="checkbox"/> \$155.00	BRONZE SPONSOR (INC. 2 MEMBERSHIPS + WEBSITE LINK)
<input type="checkbox"/> \$ (<u>\$5.00</u>)	DEDUCT \$5.00 IF PAYING BY CHECK
TOTAL AMOUNT PAID	

SPONSORS ONLY – INC. MEMBER NAMES & EMAILS

NAME 1	_____
EMAIL 1	_____
NAME 2	_____
EMAIL 2	_____
NAME 3	_____
EMAIL 3	_____
NAME 4	_____
EMAIL 4	_____

**PLEASE NOTE, UNLESS YOUR COMPANY OR ORGANIZATION ELECTS TO BE SPONSOR,
YOUR NOGA MEMBERSHIP IS AN INDIVIDUAL MEMBERSHIP AND IS NON-TRANSFERABLE.*

PLEASE NOTE, WE ARE OFFERING A \$5.00 DISCOUNT FOR THOSE PAYING BY CHECK.

PAYMENT ARRANGEMENTS: INVOICE REQUESTED

PAYING VIA CHECK (ENCLOSED / MAILED SEPARATELY)

PAYMENT RECEIPT REQUESTED (SENT VIA EMAIL)

PAYING VIA CREDIT CARD/PAYPAL



**TO PAY BY CHECK (MAKE CHECK PAYABLE
TO "NOGA") AND RETURN THIS FORM ALONG
WITH YOUR PAYMENT TO:**

NOGA ~ ATTN: VICKIE LEEMING
6111 CHANEY DRIVE, TOLEDO, OH 43615-1816

PayPal **TO PAY BY CREDIT CARD, PAYMENT
VIA PAYPAL AT WWW.PAYPAL.COM**



ENTER OUR PAYPAL EMAIL ADDRESS:

TREASURER@NOGAONLINE.ORG

(OUR PHONE NUMBER IS 419-841-8899)

**ALSO, BE SURE TO SEND THIS FORM TO
AL4NOGA@BEX.NET OR FAX TO 419-843-2243.**