



MEMBERSHIP APPLICATION

VGM Advantage is a member service organization offering a portfolio of services to PROTECT your therapy practice or home care/home health agency, EVOLVE OPERATIONAL EFFICIENCIES, and GROW your business.

I wish to be a Member of VGM Advantage and would like to learn more about: (check all that apply)

Protecting My Business

- Insurance Cyber & Data Security Audit & Compliance Online Education

Evolving Operational Efficiencies

- National Referral Network Group Purchasing Equipment Financing

Growing My Business

- Web Design & Online Marketing Print Marketing Referral Source Marketing

Type of Business*

- Therapy Practice Home Care Other

Business Name*

Physical Address*

Website*

Number of Locations*

Office Administrator/Primary Contact*

Phone*

Contact Email*

You warrant the information on or relating to this application is accurate, true and complete, and you will notify us of any material change to such information. We comply with Section 326 of the USA Patriot Act, which mandates that we verify certain information about you while processing your account application. You hereby authorize any bank, financial institution or trade reference listed herein to release usual and customary business or personal credit information to VGM. You understand that we enter into contracts with certain vendors to obtain discounted pricing for VGM members, and that such vendors may pay a fee to VGM of up to three percent of the price of goods you purchase from the vendor. A copy of this signed authorization shall be deemed an original for all purposes. VGM reserves the right to refuse any applicant.

Authorized Representative*

Date*
