



2019
APPLICATION FOR PROVIDER MEMBERSHIP
Not-For-Profit and Proprietary (For-Profit) Providers

Campus/Facility Name _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ FAX _____ E-Mail _____

Chief Executive Officer _____

Administrator _____

Type of Corporate Structure: [] Not-for-Profit [] For-Profit

Type of Ownership: [] Religious [] Governmental [] Fraternal [] Community [] Private Foundation
[] Other _____

Full Name of Owner _____

Has your facility previously been a member of Arizona LeadingAge? [] Yes [] No

Number of Licensed Care Beds: _____ Skilled _____ Personal _____ TOTAL

Number of Licensed Assisted Living Units: _____ Personal Care _____ Supervisory Care
_____ Directed Care _____ TOTAL

Number of Housing Units: _____ Independent Living _____ TOTAL

Number of Federal Housing Units: _____ Subsidy Type (e.g. 202/8) _____ TOTAL

Applicant Signature _____ Date _____

Membership Fees:

- Not-For-Profit Provider Annual Membership Fee: To be calculated based on 990 program revenue.
Proprietary (For-Profit) Provider Annual Membership Fee: To be calculated based on types/number of beds. (Skilled Nursing - \$52 per bed; Assisted Living - \$17 per unit; Independent Living - \$15 per unit)

Return application to: Arizona LeadingAge, 3877 North 7th Street, Suite 280, Phoenix, AZ 85014

Arizona LeadingAge.org (602) 230-0026 officemanager@leadingageaz.org