



Membership Application PACE/MLTC

Membership dues will be billed for the following program under a joint membership plan of LeadingAge New York and LeadingAge unless otherwise noted.

Is your plan a non-profit Yes No (Note: LeadingAge New York membership is open ONLY to non-profit plans)

General Information

Plan Name: _____

Chief Executive Officer Name and Email: _____

Director and Email: _____

Address: _____

City/State/Zip: _____ County: _____

Phone: _____ *Cell: _____ FAX: _____

Web Address: _____

**LeadingAge and LeadingAge New York's information is sent primarily via e-mail, so please indicate the e-mail address where you would like to receive information in a timely manner.*

**Cell phones are used during conference by LeadingAge and LeadingAge New York to share information and updates.*

Plan Information:

Total Number of Enrollees _____ Total Annual Program Revenue _____ For Fiscal Year _____

Type of Program: Please list total program revenue, line 9 form 990 for each type of program applicable:

Please check all that apply:

- PACE
- MAP
- MMLTC (partial cap)
- Medicare Advantage
- Other _____

Dues Chart:

Based on the revenue reported above, please find your dues from the chart below.

2013 PACE/MLTC Dues		
Annual Program Revenue	Tier	LeadingAge NY Dues
700,000,000+	4	15,000
300,000,000-699,000,000	3	10,000
100,000,000-299,999,999	2	5,000
1-99,999,999	1	1,000

2013 Dues Amount: _____

A fifty percent discount is offered for the first year of membership.

2013 Dues Amount _____ x 50% _____ = Total Year One LeadingAge New York Dues