



Membership Application Adult Care Facility/Assisted Living

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

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

General Information

Organizational Name and Email: _____

Chief Executive Officer Name and Email: _____

Administrator/Director Name and Email: _____

Address: _____

City/State/Zip: _____ County: _____

Phone: _____ Fax: _____ *Web Address: _____

Web Address: _____

**Most of LeadingAge New York's information is sent 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.*

Total Number of licensed beds: _____

Type of Licensure: *(please check all that apply)*

☐ Enriched Housing

☐ Adult Home

☐ (ALP) Assisted Living Program _____ # of beds

☐ (ALR) Assisted Living Residence _____ # of beds

☐ (EALR) Enhanced Assisted Living Residence _____ # of beds

☐ (SNALR) Special Needs Assisted Living Residence _____ # of beds

If you have applied for any of the above but are awaiting licensure or in development please explain below:

Type of Sponsorship *(please check all that apply)*:

☐ Religious

☐ Private Foundation

☐ Community

☐ Governmental

☐ Fraternal

☐ Union

☐ Other (please specify): _____

Name of Sponsor: _____

Have you ever been a member of LeadingAge New York? ☐ Yes ☐ No

Do you have other service lines other than ACF/AL that are included in the revenue reported on the Dues Calculator? ☐ Yes

☐ No

If yes, please list: _____

NOTE: service lines included within the same revenue figures will be included at no extra dues charge. LeadingAge New York will contact you to get more information.