



Membership Application Nursing Facility

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

Facility Name: _____

Chief Executive Officer: _____

Administrator/Director: _____

Address: _____

City/State/Zip: _____ County: _____

Phone: _____ Fax: _____ *E-mail: _____

Web Address: _____

Operating Certificate Number: _____ PFI Number: _____

Current Certified Capacity NF Beds: _____ NF Beds Under-Construction: _____

If beds are under construction, estimate the date of operation: _____

**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.*

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 service lines other than skilled nursing beds 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.