



# Aging Services of Minnesota

LEADING CHANGE ■ CHANGING LIVES

Formerly Minnesota Health & Housing Alliance

## Associate Membership Application

Type \_\_\_\_\_ (Please use attached A-J guide)

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Web site \_\_\_\_\_

How did you hear about Aging Services \_\_\_\_\_

\_\_\_\_\_

Relationship to the aging services community \_\_\_\_\_

\_\_\_\_\_

What are your primary interests in Aging Services membership?

\_\_\_\_\_

\_\_\_\_\_

Other contacts from your organization:

(If applicable)

1) \_\_\_\_\_  
Name Title  
E-mail \_\_\_\_\_

2) \_\_\_\_\_  
Name Title  
E-mail \_\_\_\_\_

*I understand that membership is conditional upon approval by the Aging Services of Minnesota Board of Directors and that before becoming a member I must remit the necessary dues.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

This category of membership provides the same privileges of voting membership, excluding the ability to vote, hold office or serve as a Director. For prospective members that are part of a multi-facility organization, all eligible facilities of that organization shall be members of Aging Services of Minnesota.

**FOR INTERNAL USE**

Application/Dues Received \_\_\_\_\_

Dues Payment Processed \_\_\_\_\_

Application Processed \_\_\_\_\_

**METHOD OF PAYMENT**

Amount \_\_\_\_\_

Check # \_\_\_\_\_

*Make checks payable to Aging Services of MN*

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Name on Card

X \_\_\_\_\_

Cardholder Signature

*Please submit application and dues to:*

**Aging Services of Minnesota**  
2550 University Avenue West, Suite 350S  
Saint Paul, MN 55114-1900



## Associate Membership Types

### **Type A**

*Active institutional members of the Minnesota Hospital Association (MHA) which do not have long-term care (C&NC) units*

### **Type B**

*Senior housing settings and nursing homes in the planning stage or under construction*

### **Type C**

*Organizations not otherwise eligible for membership, but interested in the mission and purposes of Aging Services and meet criteria set forth by the Aging Services Board of Directors.*

### **Type D**

*Agencies for the planning of long-term care elderly housing and services facilities*

### **Type E**

*Licensed proprietary nursing homes and board-and-care homes*

### **Type F**

*Providers of non-institutional services to the elderly*

### **Type G**

*Individuals not otherwise eligible for membership, but interested in the mission and purposes of Aging Services and meet criteria set forth by the Board of Directors*

### **Type H**

*Organizations which only manage housing projects for the elderly, where projects are not owned or sponsored by the managing organizations*

### **Type I**

*Faculty and full-time students in accredited post-secondary long-term care and housing management programs that are interested in the mission and purposes of Aging Services of Minnesota*

### **Type J**

*Licensed homes not eligible for Medicaid or Medicare certification, excluding facilities that have involuntarily terminated from certification*