



Housing & Services Voting Membership Application

CONTACT PERSON

Name _____
Title _____
Phone _____ Fax _____
E-mail _____

ORGANIZATION/COMPANY

Property Name _____
Address _____
City, State, Zip _____
Phone _____ Fax _____
Website _____
County _____

TYPE OF OWNERSHIP

Proprietary Non Profit Governmental

IF APPLICABLE

Please list any formal affiliations with any other older adult services provider organizations/facilities

Parent Corporation/Owner _____
Address _____
City, State, Zip _____
Contact Person _____
Phone _____ Fax _____
E-mail _____

Management Company _____
Address _____
City, State, Zip _____
Contact Person _____
Phone _____ Fax _____
E-mail _____

Please list any other team members you wish to receive communications from Aging Services of Minnesota

Name _____

Title _____

E-mail _____

Name _____

Title _____

E-mail _____

ABOUT THE BUILDING

_____ Total Number of Apartments

Of total units, how many are:

_____ Market rate rentals

_____ Federally subsidized rentals

_____ Adult Foster Care

_____ Boarding Care (non-certified)

_____ Board & Lodging

_____ Condo

_____ Cooperative

_____ Town/Patio homes

Services

_____ Class A

_____ Medicare Certified Class A
(non-certified)

_____ Class B

_____ Class F

Programs

_____ Assisted Living

_____ Memory Care

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.

X

Authorized Signature

Date

This category of membership provides full voting and office holding privileges. An Aging Services of Minnesota membership is needed for each building. For prospective members that are part of a multi-facility organization, all eligible buildings of that organization shall be members of Aging Services of Minnesota.

METHOD OF PAYMENT

Amount: \$500 (through 12/31/12)

Check # _____

Make checks payable to Aging Services of Minnesota

Card # _____ Exp. Date _____

Name on Card _____

Cardholder Signature X _____

QUESTIONS

Contact Adam Suomala at 651.603.3530 or membership@agingservicesmn.org

Submit application and dues to:

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

GET YOUR MEMBERSHIP STARTED TODAY!

At NO ADDITIONAL CHARGE please immediately...

- Register me for the **FREE** Legislative Briefing Webinar in September
- Send me details on the **FREE** Assisted Living Home Care Conference in October
- Send me details on the **FREE** New Member Orientation in November
- Subscribe us to *Monday Mailing* (weekly newsletter)
- Subscribe us to *Housing & Services Advantage* (Monthly newsletter)
- Send me October District Meeting dates/locations
- Send me a printed 2011 Legislative Report
- Send me a recording of the 2011 Legislative Conference
- Send me a log-in and password to www.agingservicesmn.org
- Schedule me for a 1-on-1 consultation with my new technical assistance team

SPECIAL MEMBERSHIP OFFER ENDS SEPT. 30

Inspire. Serve. Advocate.



Aging Services of Minnesota
2550 University Avenue West, Suite 350 South
St. Paul, Minnesota 55114-1900
651.645.4545 • 800.462.5368 • Fax: 651.645.0002
www.agingervicesmn.org

*Aging Services of Minnesota is the state partner of
LeadingAge and the Assisted Living Federation of America*

