

Housing & Services Membership Application

Housing Project _____

Contact Person _____

Title _____

Address _____

City _____ State _____ Zip+4 _____

Phone _____ Fax _____

E-mail _____

Web site _____

Affiliation with other providers of older adult services *(please list providers)*

Type of Ownership

Governmental

Not-for-Profit

Proprietary

Direct invoices to

Housing
Project

Parent
Corporation

Management
Company

Parent Corporation/Owner _____

(If different from above)

Contact Person _____

Address _____

City _____ State _____ Zip+4 _____

Phone _____ Fax _____

Management Company _____

(If different from above)

Contact Person _____

Address _____

City _____ State _____ Zip+4 _____

Phone _____ Fax _____

of Units

**Check if registered
as HWS**

- _____ Adult Foster Care _____
- _____ Board & Lodging _____
- _____ Boarding Care (non-certified) _____
- _____ Condos _____
- _____ Cooperative _____
- _____ Continuing Care Retirement Community (CCRC) _____
- _____ Federally Subsidized Rentals _____
- _____ Market Rate Rentals _____
- _____ Town/Patio Homes _____

Special Programs (please check all that apply) **Our Home Care License:**

- _____ Assisted Living
- _____ Dementia Care

- Class A
- Medicare Certified Class A (non-certified)
- Class E
- Class F (Assisted Living)

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 voting and office holding privileges. 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 AGING SERVICES 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