

Membership Application

Join Us today!

Please fill out the following information:

Company Name: _____

Address: _____

City: _____ State: _____ Zip+4: _____

Contact Name: _____ Title: _____

Phone: _____ Fax: _____

Contact E-mail: _____ Website: _____

Organization Type	
<input type="checkbox"/> CCRC	<input type="checkbox"/> Multi-Level Services
<input type="checkbox"/> Stand Alone (not part of CCRC)	<input type="checkbox"/> Hospital-based
<input type="checkbox"/> Other (please explain): _____	

Type of Service provided and number of beds/units/slots/individuals served	
___ Nursing Home	___ Housing (HUD)
___ Assisted Living	___ PACE
___ Independent Living	___ Licensed Home Health
___ Short Stay Rehab	___ Home Delivered Meals
___ Memory Care Nursing Home	___ Licensed Hospice
___ Memory Care Assisted Living	___ Adult Day Services
Other (please explain): _____	

Type of Sponsorship
<input type="checkbox"/> Religious
<input type="checkbox"/> Government
<input type="checkbox"/> Fraternal
<input type="checkbox"/> Other: _____

Program Service Revenue (PSR)
<i>This number can be found on your Form 990 or most recent Audited Financial Statement, Medicaid Cost Report, or Profit and Loss Statement.</i>
Year: _____ PSR: _____

Please complete this form and return it to:
 Dana Weaver, Chief Operating Officer
 217 SE 8th Avenue
 Topeka, KS 66603-3906
 For more information contact me at
 785-233-7443 or dana@leadingagekansas.org

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Join Us today!

Please provide the following information to help us serve you better:

I'm interested in learning more about the following Programs/Services:

- KING (LeadingAge Kansas' Worker's Compensation Insurance Pool)
- DON Professional Networking Group
- The Edge -- Educational Discount Program
- Saving Up to 40% through Value First - a Group Purchasing Program
- ASTRA Scholarships for LeadingAge Kansas Member Employees
- Board Development/Strategic Planning
- Data Analytics (Medicaid Cost Report and LeadingAge Insights)
- Advocacy and Regulatory Questions/Issues
- Reimbursement Issues Questions/Issues

Please list names, titles and e-mail for other key people in your organization who you would like to receive e-communications and access our website:

Name: _____	Title: _____
E-mail: _____	
Name: _____	Title: _____
E-mail: _____	
Name: _____	Title: _____
E-mail: _____	
Name: _____	Title: _____
E-mail: _____	

You are welcome to include as many people from your organization as you wish.
Please provide additional information on a separate piece of paper.

Payment information and next steps:

LeadingAge Kansas will use the information provided on the front of this application to determine your actual dues. You will receive a 50% on the first year of dues. Once payment is received, we will activate your membership and orient you to our website, tools and education. We would also like to come out and visit your organization to get to know your team.

We are excited to serve you and your elders in the years to come!