**Campus/Facility Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street Address**

**City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number** **FAX**

**Chief Executive Officer E-Mail:**

**Administrator E-Mail:   
  
AL Manager E-Mail:**

**Type of Corporate Structure:** ❑ Not-for-Profit ❑ For-Profit

**Type of Ownership:** ❑ Religious ❑ Governmental ❑ Fraternal ❑ Community ❑ Private Foundation

❑ Other

**Full Name of Owner** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has your facility previously been a member of Arizona LeadingAge?** ❑ Yes ❑ No

**Number of Licensed Care Beds:** Skilled Personal **\_\_\_\_\_\_\_ TOTAL**

**Number of Licensed Assisted Living Units:** \_\_\_\_\_\_ Personal Care \_\_\_\_\_\_ Supervisory Care

\_\_\_\_\_\_ Directed Care **\_\_\_\_\_\_\_ TOTAL**

**Number of Housing Units:** Independent Living **\_\_\_\_\_\_\_ TOTAL**

**Number of Federal Housing Units:** Subsidy Type (e.g. 202/8) **\_\_\_\_\_\_\_ TOTAL**

**Applicant Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Membership Fees:**

* **Not-For-Profit Provider Annual Membership Fee:**To be calculated based on bed/units.
* **Proprietary (For-Profit) Provider Annual Membership Fee: Base Rate Fee of $350.**

To be calculated based on types/number of beds. (*Skilled Nursing - $55 per bed; Assisted Living - $35 per unit; Independent Living - $15 per unit)*

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## Return application to: Arizona LeadingAge, 3877 North 7th Street, Suite 280, Phoenix, AZ 85014

Arizona LeadingAge.org (602) 230-0026 gbabb@leadingageaz.org