



LeadingAge Colorado 2015 Nonprofit Membership Application

Company/Facility Name

Contact Person Title

Address City State Zip

Phone Fax Email

Name and title of voting member:

Board president: Phone# Email

Please fill out the following information and an invoice for membership will be mailed to you for your approval.

Program Service Revenue and/or Rental Income:* \$ _____
From line 2 of IRS Form 990, audited financials or annual P&L statement

Program Service Revenue Definition: Program service revenue from aging services would include (but not be limited to) revenue from nursing care, assisted living, independent living units, home health care, transportation, outpatient services, meals on wheels, hospice, and community-based services. It would exclude interest, investments, realized and unrealized gains or losses, special events and activities, contributions and any other services unrelated to LeadingAge Colorado or LeadingAge's mission.

Also please fill out the following information as appropriate:

_____ **Independent Living:** # of units _____
 _____ **Assisted Living:** # of units _____
 _____ **Nursing Homes:** # of beds _____
 _____ **HCBS Provider**
 _____ **PACE**

Minimum LeadingAge Colorado dues: \$1110 *LeadingAge dues determined by program revenue

General Information:

EIN (Employer Identification Number): _____

Type of sponsorship: Religious Community Government Fraternal Union
 Private Foundation Other (specify); _____

Tax Classification? 501(c)(3) 501(c)(4) 501(c)(6) Other: _____

Federal Legislative District? _____ State Senate District? _____ State House District? _____

Does the facility offer a continuing care contract that lasts for more than one year and guarantees shelter and some health care services? yes no

Does the facility accept Medicaid? yes no

Independent Living facilities:

of federally subsidized units _____ # of tax credit units _____ # of market rate units _____ # of other units _____

Is this facility currently affiliated with another LeadingAge member facility? yes no unsure

If yes, please give name and city of facility: _____