

**Florida Association of Homes & Services
for the Aging
Soon to be LeadingAge Florida**



2012 ASSOCIATE MEMBERSHIP APPLICATION

Retirement Housing, Nursing Home, Health Care Communities & HCBS Providers

Community: _____ Date of Application: _____

Name: _____ Title: _____

Address: _____

City: _____ State _____ Zip: _____ County: _____

Phone: _____ Fax: _____

E-Mail: _____ Web Site: _____

Fl Senate District #: _____ Fl House District #: _____ U.S. Congressional District #: _____

ANNUAL DUES

REGULAR ASSOCIATE MEMBER: *Dues must be paid on the total number of units/beds within a community. Specify number of beds or units for each:*

- | | | | | | |
|--|-------------|---|----------|---|----------|
| <input type="checkbox"/> HUD HOUSING (receives mortgage or financial assistance from U.S. Dept of Housing and Urban Development) | _____ Units | x | \$11.65 | = | \$ _____ |
| <input type="checkbox"/> Independent Living | _____ Units | x | \$19.66 | = | \$ _____ |
| <input type="checkbox"/> ALF (licensed under Ch. 400, Part III) | _____ Beds | x | \$19.66 | = | \$ _____ |
| <input type="checkbox"/> NURSING HOME (licensed under Ch. 400, Part II) | _____ Beds | x | \$27.75 | = | \$ _____ |
| <input type="checkbox"/> Home & Community Based Service Provider
(for separate legal entities only) | | | \$551.87 | = | \$ _____ |
| TOTAL (Minimum of \$350): | | | | | \$ _____ |

INTERIM ASSOCIATE MEMBER:

- | | | |
|--|------------------------|----------|
| <input type="checkbox"/> FACILITY UNDER CONSTRUCTION | TOTAL \$380.00: | \$ _____ |
| Anticipated date of completion: _____ | | |

PRORATED DUES:

For applicants joining after the first quarter (February 28), dues may be prorated as follows:
 ◆ MARCH - MAY: 3/4 of the dues ◆ JUNE - AUGUST: 1/2 of the dues

PRORATED SHARE DUE THIS YEAR (if applicable): \$ _____
 AMOUNT ENCLOSED: \$ _____

Please note, in an effort to be PCI compliant, FAHSA will no longer be accepting faxed or emailed membership applications with credit card numbers. Please submit the application online at www.fahsa.org or mail this form with payment. If you have any questions or need help submitting your application, please contact Susan or Cathy at 850/671-3700.

PLEASE COMPLETE THIS APPLICATION AND RETURN IT WITH A CHECK PAYABLE TO:
 FAHSA • 1812 Riggins Road • Tallahassee, Florida 32308 • (850) 671-3700 • Fax (850) 671-3790 • info@fahsa.org