



**MEMBERSHIP APPLICATION – ASSOCIATE MEMBERSHIP**  
Any company seeking to manage or operate an assisted living residence in New York State.

**Corporate Information**

Please attach or email a List of corporate executives to ensure the provision of member benefits.

Company Name \_\_\_\_\_

CEO/President \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Include name, full title, mailing address, phone number, fax number and email address.

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Website \_\_\_\_\_

**Key Contact**

**Argentum New York Associate**  
**Membership dues are \$1000.00 per year.**

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

**Billing Contact *if different from key contact***

*Please make checks payable to:  
Argentum New York  
c/o Hodes & Landy  
284 State Street  
Albany, NY 12210*

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

**\*\*Membership commences upon receipt of full payment\*\***

*Any questions, please contact, Gemma Bianchi at 518-465-8303 or [gbianchi@ny.argentum.org](mailto:gbianchi@ny.argentum.org).*