



**MEMBERSHIP APPLICATION - INDUSTRY PARTNER**  
Any company, vendor, supplier, wholesaler, agency or organization, proprietor or non-profit, that does not manage or operate an assisted living residence.

**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  
Industry Partner  
Membership dues are  
\$1000.00 per year.**

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

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

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

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

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

*Any questions, please contact Gemma Bianchi  
at 518-465-8303 [gbianchi@hodeslandy.com](mailto:gbianchi@hodeslandy.com)*