



MEMBERSHIP APPLICATION – PROVIDER MEMBERSHIP
Any company or organization operating 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

Phone Number

Fax Number

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

Website

Key Contact

Name

**Argentum New York
Provider
Membership dues are
\$34.00 per bed per
year.**

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 or gbianchi@hodeslandy.com*