



INDUSTRY PARTNER MEMBERSHIP APPLICATION

Classified as any company, vendor, supplier, wholesaler, agency, organization, proprietor or nonprofit that does not manage or operate an assisted living residence in New York State.

APPLICANT

Company Name _____

CEO/President _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Website _____

KEY CONTACT *(if different from CEO/President)**

Name _____

Email _____ Phone _____

BILLING CONTACT *(if different from Key Contact)*

Name _____

Email _____ Phone _____

**Please attach a list of corporate executives to ensure provision of membership benefits to all.*

DUES SCHEDULE

\$1,000 per year. Membership commences upon receipt of payment in full.

PAYMENT

Please make check payable to **Argentum NY** and mail to:

Argentum NY c/o Hodes & Landy

284 State Street | Albany, NY 12210

Please contact Robin Granger at 518.465.8303 or rgranger@hodeslandy.com with any questions.