



## PROVIDER MEMBERSHIP APPLICATION

*Classified as any business or organization operating 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

\$34 per bed, 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](mailto:rgranger@hodeslandy.com) with any questions.*