



## LeadingAge Colorado 2019 For-Profit Membership Application

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Company/Facility Name

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Primary Contact Person Title

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Address City State Zip

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Phone Fax

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Email

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Please designate the person (with title) who will be your voting member

Additional Company/Facility Contacts (Name, Title, Email Address)

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### MEMBERSHIP INVESTMENT:

*Assisted Living/Memory Care:* \_\_\_\_\_ (# of units) x \$ 39.50 = \$ \_\_\_\_\_

*Provider Community Under Development:* = \$1,175

*Minimum Dues:* = \$1,175

**TOTAL REMITTANCE:** \$ \_\_\_\_\_

### Payment:

Please make check payable to LeadingAge Colorado and mail to:  
LeadingAge Colorado  
303 E. 17th Avenue Suite 880  
Denver, CO 80203