



LeadingAge Colorado 2021 Membership Application

Company/Facility Name

Primary Contact Person for Company/Facility Title

Address City State Zip

Phone Fax

Email

Please indicate who is responsible for paying member dues and should receive successive dues renewal invoices.

- Facility should be billed directly
- Corporate should be billed for facility

If different from above, please designate the person (Name, Title, Email Address) who will be your voting, dues paying member.

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

MEMBERSHIP INVESTMENT:

Assisted Living/Memory Care: _____ (# of units) x \$ 40.50 = \$ _____
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