



2022 LeadingAge Kentucky Member Information Form

MEMBER INFORMATION

Provider Name _____
Address _____
City/State/Zip _____
Telephone _____ FAX _____
Website _____ County _____
Number of residents served at this community: _____

PRIMARY MEMBER CONTACT

Name: _____
Title: _____
Email: _____

Name, title, and email of other key personnel/decision makers (e.g., CFO, COO, Director of Nursing, etc.):

Name: _____
Title: _____
Email: _____

Name: _____
Title: _____
Email: _____

SERVICE TYPES (check all that apply at this community & give the Quantity)

- Independent Living, Assisted Living, CCRC/Life Plan Community, Skilled Nursing, Affordable Housing, Hospice, Adult Day Service, Home Health Care, Home Care Agency, Community Based Services, PACE Program, Public Housing Authority, Village, Swing Beds

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REASONS FOR JOINING (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Support for Non-profit Sector | <input type="checkbox"/> Networking/Community Building |
| <input type="checkbox"/> Advocacy and Public Relations Support | <input type="checkbox"/> Technology Assistance |
| <input type="checkbox"/> Policy and Regulatory Guidance | <input type="checkbox"/> Group Purchasing Savings |
| <input type="checkbox"/> Education Opportunities | <input type="checkbox"/> Referred by another member |
| <input type="checkbox"/> Information/trends | <input type="checkbox"/> Other _____ |

MANAGEMENT

Parent Company Name, if applicable _____

Management Company Name, if applicable _____

Investor owned/For-profit Not-for-profit

Is Provider site faith-based? Yes No Not sure

MEMBERSHIP DUES CALCULATIONS

National dues are calculated on a 10-level dues band structure. Each level represents the revenue collected by a provider by site level.

Not For Profit Providers - Program service revenue reported on IRS 990, Part I, Line 9 is defined as the revenue an organization receives from aging services activities are “primarily those that form the basis for an organization’s exemption from tax,” according to the IRS. It EXCLUDES unrelated items such as interest, realized and unrealized gains or losses, special events/activities, charitable contributions and any other services.

990 Program Service Revenue _____ Current Fiscal Year _____