

2012 Business Firm Membership Application January 1 – December 31, 2012 *

company name _____
 contact name _____
 address _____
 city, state, zip _____
 phone _____ e-mail address _____
 website _____ no. of employees _____
 secondary contact person _____ e-mail address _____
 address _____
 city, state, zip _____
 phone _____

Product/Service Category Please check off one primary category and, if applicable, check up to three secondary categories.

- | | | | | |
|---|--|---|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Computer/Data Management/Software | <input type="checkbox"/> Executive Search/Recruitment | <input type="checkbox"/> In-Home Health Care | <input type="checkbox"/> Project Management |
| <input type="checkbox"/> Accreditation | <input type="checkbox"/> Construction | <input type="checkbox"/> Facility Management | <input type="checkbox"/> Insurance | <input type="checkbox"/> Publishers |
| <input type="checkbox"/> Actuarial | <input type="checkbox"/> Consulting | <input type="checkbox"/> Federal Government Assistance | <input type="checkbox"/> Interior Design | <input type="checkbox"/> Rehabilitation/Therapy Services |
| <input type="checkbox"/> Adult Day Services | <input type="checkbox"/> Design/Build | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Internet | <input type="checkbox"/> Research |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Development Services | <input type="checkbox"/> Fire Safety/Prevention | <input type="checkbox"/> Landscape Services | <input type="checkbox"/> Resident Care and Personal Products & Services |
| <input type="checkbox"/> Appliances | <input type="checkbox"/> Disease Response | <input type="checkbox"/> Flooring | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Resident Monitoring |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Distribution | <input type="checkbox"/> Food Management/Food Service | <input type="checkbox"/> Lifts | <input type="checkbox"/> Retirement Planning |
| <input type="checkbox"/> Assn/Education/Publisher | <input type="checkbox"/> Donor Recognition | <input type="checkbox"/> Fundraising/Business Development | <input type="checkbox"/> Maintenance Supplies | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Aviairy Systems | <input type="checkbox"/> E-Learning | <input type="checkbox"/> Furniture | <input type="checkbox"/> Medical Products & Services | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Banking/Financial Services | <input type="checkbox"/> E-Learning for Staff Training and Development | <input type="checkbox"/> Group Purchasing | <input type="checkbox"/> Marketing | <input type="checkbox"/> Technology Assistive Devices |
| <input type="checkbox"/> Bathing Systems | <input type="checkbox"/> Electronic Medical Records | <input type="checkbox"/> Hand Hygiene | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Bedding | <input type="checkbox"/> Emergency Response System | <input type="checkbox"/> Hospice Care | <input type="checkbox"/> Office Supplies | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Billing Services | <input type="checkbox"/> Engineering | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Ozone Systems | <input type="checkbox"/> TV Systems |
| <input type="checkbox"/> Brain Fitness | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Human Resources Systems/Services | <input type="checkbox"/> Pest Control | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Brand Identity/Name Development | <input type="checkbox"/> Executive Search Firm | <input type="checkbox"/> Identification Systems | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Wander-Fall Prevention |
| <input type="checkbox"/> Building Equipment | | | <input type="checkbox"/> Pharmacy Services | <input type="checkbox"/> Wellness |
| <input type="checkbox"/> Communication Systems & Services | | | <input type="checkbox"/> Procurement Services | <input type="checkbox"/> Wireless Communications |

Description of your company's products or services (to be listed on LeadingAge products/services directory) PLEASE ATTACH

Please return this completed form with your payment

- Basic A (2-5 employees) \$950 Basic B (6 employees or more) \$1500 Basic C (one-person shop) \$675

I am a member of _____ and qualify for a \$100 discount. (\$100 maximum discount.)
State Association Name

Payment Method

Total payment due _____

- Check *(payable in U.S. dollars to LeadingAge)*
 MasterCard VISA American Express

credit card number _____

expiration date _____

cardholder's name _____ as it appears on card

authorized signature _____

date _____

Send this form to:

LeadingAge

Attn: Danielle Gray

2519 Connecticut Avenue NW

Washington, DC 20008-1520

or fax to: Business Firm Membership,

Fax: (202) 939-5820

*Applications for 2012 will be accepted until September 30, 2012. After September 30 it will be processed for 2013 membership.

