



110 Barnes Road Wallingford, CT 06492
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Email: leadingagect@leadingagect.org website: www.leadingagect.org **BUSINESS AFFILIATE MEMBERSHIP APPLICATION**

Dues: \$750

General Information

Name of Company: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

Website: _____

1. Company Description:

Contact Person:

Name _____ Title: _____ E-mail: _____

Note: Your listing in our Membership Directory will read as printed above. If you wish the listing to read differently, please attach a separate sheet of paper with that information.

2. Does the company have an ownership interest in a long-term care provider facility or senior housing facility in Connecticut or any other state? ___Yes ___No
If yes, please describe this relationship.

3. Does the company have a management contract with a long-term care provider facility or senior housing facility in Connecticut or any other state? ___Yes ___No
If yes, please describe this relationship.

4. Has your company ever had a health care or business license revoked or been sanctioned or excluded under any state or federal health care program?

___Yes ___No

If yes, please explain (use additional pages as needed):

