



Subscriber Application - Business Partner

Membership Subject to Approval by the Board of Directors

Commercial/Professional subscribership shall be available only to organizations/professionals that are interested in the objectives of LeadingAge Michigan and in providing products or services to our members. Such members may not use the LeadingAge Michigan name and/or logo for any purpose, including member solicitation. Our fiscal year starts on July 1st and ends on June 30th. Membership dues are \$750 annually and are not prorated. Renewal invoice will be sent in May of each year unless a written cancellation note has been received by the LeadingAge Michigan office.

PLEASE COMPLETE THIS APPLICATION AND RETURN IT WITH A CHECK PAYABLE TO:

LeadingAge Michigan • 201 N. Washington Square, Suite 920 • Lansing, MI 48933 •
(517) 323-3687 • Fax (517) 323-4569 • Kasia@LeadingAgeMI.org

Company Information:

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Office Phone: _____ Fax: _____

E-mail: _____ Website: _____

Main Contact Information:

Name of the person whose name will be listed as a main contact for your organization.

Name: _____ Title: _____

Email: _____

Office Phone: _____ Cell Phone: _____

Additional Contact Information:

List any additional individuals who you would like to be listed in our Directory and who will receive our electronic communication.

Name: _____ Title: _____

Email: _____

Office Phone: _____ Cell Phone: _____

Name: _____ Title: _____

Email: _____

Office Phone: _____ Cell Phone: _____

Name: _____ Title: _____

Email: _____

Office Phone: _____ Cell Phone: _____

Name: _____ Title: _____

Email: _____

Office Phone: _____ Cell Phone: _____

Name: _____ Title: _____

Email: _____

Office Phone: _____ Cell Phone: _____

Description of Product(s) and/or Service(s) Offered:

This description will be used to describe your company on our website and in our publications.

Below are the categories of products and services as listed in our Member Directory. Please check under which category(s) you would like your organization to be listed. Check all that apply.

<input type="checkbox"/>	Accounting & Reimbursement	<input type="checkbox"/>	Laundry & Linens
<input type="checkbox"/>	Architecture & Interior Design	<input type="checkbox"/>	Legal Services
<input type="checkbox"/>	Computers & Technology	<input type="checkbox"/>	LTC Consulting Services
<input type="checkbox"/>	Employment Services	<input type="checkbox"/>	Managed Care Organization
<input type="checkbox"/>	Facility Development Services	<input type="checkbox"/>	Marketing Consultation Services
<input type="checkbox"/>	Financing	<input type="checkbox"/>	Medical Laboratory Services
<input type="checkbox"/>	Food Services & Management	<input type="checkbox"/>	Medical Supplies & Equipment
<input type="checkbox"/>	Group Purchasing	<input type="checkbox"/>	Pharmaceutical Services
<input type="checkbox"/>	Health Care Furnishings	<input type="checkbox"/>	Rehabilitation Services

<input type="checkbox"/>	Insurance/Risk Management	<input type="checkbox"/>	Resident Services
<input type="checkbox"/>	Other: _____		
<input type="checkbox"/>	Other: _____		

Authorization:

Person Completing Form: _____ Title: _____

Direct Phone: _____ E-mail: _____

Authorized Signature: _____ Date: _____

By signing above you agree to comply with LeadingAge Michigan policies.

Billing address and contact person, if different than above:

Address: _____

Contact Person: _____ E-mail: _____