

# Business Affiliate Membership Application

United as one association, LeadingAge Connecticut & Rhode Island has strengthened the resources and opportunities available to our partners. Business Affiliates gain access to a larger regional membership community, expanded visibility, and enhanced opportunities for meaningful engagement across both states.

**Please fill out the following information and return to LeadingAge Connecticut & Rhode Island.**

## Company Information

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Company Description:

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## Contact Person

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

**Please note that your listing in our Membership Directory will read as printed above.**

Does the company have an ownership interest in a long-term care provider facility or senior housing facility in Connecticut, Rhode Island or any other state? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain the relationship.

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Does the company have a management contract with a long-term care provider facility or senior housing facility in Connecticut, Rhode Island or any other state? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain the relationship.

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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).

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