

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

LTCCC MEMBERSHIP APPLICATION/RENEWAL - ORGANIZATIONAL

Thank you for your interest in joining the Long Term Care Community Coalition (LTCCC). Our members play a vital role in our work to improve long term care for the elderly and disabled.

ELIGIBILITY: Please note that organizations which are affiliated with, work for, or represent providers of care are not eligible for membership. Therefore, we ask all applicants to attest to the following:

_____ We are not affiliated with, work for or represent providers of care.

DUES: Dues are on a sliding scale, based on an organization's annual budget

<u>Budget</u>	<u>Dues</u>
Under \$50,000	\$ 60
\$50,000 to 150,000	\$ 125
\$150,000 to 250,000	\$ 200
\$250,000 to 500,000	\$ 300
\$500,000 to 750,000	\$ 600
\$750,000 to \$1,000,000	\$ 900
\$1,000,000 or more	\$ 1,200

Please use the space below to update your contact information, if necessary

Organization's Name:

Name of Representative to LTCCC:

Address:

E-mail:

Phone #:

Fax #:

PLEASE CONSIDER GIVING A CONTRIBUTION IN ADDITION TO YOUR DUES.

Please return this form with your
check made out to Long Term Care
Community Coalition, 209 W. 29th St.
Suite 6252, New York, NY 10001.

Dues _____

Contribution _____

TOTAL _____