



Pennsylvania Alliance of Retirement Community Residents

325 Wesley Drive, Mechanicsburg, PA 17055-3588 (717) 766-3120 Fax (717) 766-0870

Pennsylvania Alliance of Retirement Community Residents

Application for Membership

() Retirement Community (two voting delegates) () Associate or Individual Member (No voting privilege)

Name of Organization or Individual: _____

Address: _____ City _____ State _____ Zip Code _____

Telephone No.: _____ Email Address: _____ Fax No.: _____

Annual Membership Dues

() \$50 Retirement Community Membership () \$20 Associate or Individual Membership

Name of Retirement Community: _____

Signature of Associate or Individual Member: _____ Date: _____

(Associate or Individual members do not have to complete the remainder of the application)

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Retirement Community Information

Council or Association President: _____

Mailing Address: _____

Telephone No.: _____ Email Address: _____ Fax No.: _____

Delegate Information

No. 1 _____ No. 2 _____

Address: _____ Address: _____

City: _____ City: _____

State & Zip Code: _____ State & Zip Code: _____

Telephone & Fax No.: _____ Telephone & Fax No.: _____

Email Address: _____ Email Address: _____

Number of Residents

Number of Independent Living Residents: _____ Number of Other Residents: (Explain) _____

Number of Personal Care Residents: _____ Number of Other Residents: (Explain) _____

Number of Skilled Care Residence: _____

Total Number of Residents _____ **Total Number of Other Residents** _____

Special Information, Comments or Questions

Signature of Resident Council Officer _____

Title: _____

Date: _____