



PARCR Operations Director, PO Box 7455, York, PA 17404
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Pennsylvania Alliance of Retirement Community Residents
2025-2026 Application for Community Membership

§ 90 Retirement Community Membership

Make check payable to PARCR

Send application and payment to the address listed above

Retirement Community Membership Includes the President and Two Liaisons

Please Type or Print

Name of the Retirement Community _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Website _____

Council or Association President _____

Mailing Address _____

Telephone _____ Email _____

Term of Office _____ (xx/xx/yyyy to xx/xx/yyyy)

Liaison Information

Liaisons serve as the community contacts between the PARCR Board of Directors and the community residents

No.1 _____

No. 2 _____

Address _____

Address _____

City _____

City _____

Telephone _____

Telephone _____

Email Address _____

Email Address _____

Number of Residents

Number of Independent Living Residents _____ Number of Personal Care/Assisted Living Residents _____

Number of Skilled Care/Nursing Residents _____ Number of Memory Care Residents _____

Number of Other Residents _____ (Explain) _____

Signature of Resident Council/Association Officer _____

Title _____ Date _____

