

The Residential Home Care Network NETWORK MEMBERSHIP (interim) Agreement



Welcome to “The Residential Home Care Network”. Your partnership and membership dollars with the Residential Home Care Network, helps to support the Mission as stated below so that collectively we have more opportunities to “Fill Those Empty Beds”, and support the networks development.

THE MISSION

To support all Adult Family Care Homes and Assisted Living Facilities serving in a residential setting by providing resources, referrals and networking opportunities.

THE VISION

To Inspire, Motivate and Influence tomorrows Residential Home Care Leaders:

MEMBERSHIP BENEFITS

- Access and link to the Network’s online lead generating portal.
- Conversation Luncheons
- Networking Meetings
- Peer to Peer email referrals
- Shared Best Practices

ONE TIME MEMBERSHIP FEE

\$150.00 PER FACILITY

\$50 each additional unit

Primary Unit.....\$150.00

Additional Facilities...() x \$50..... \$ _____

Total Enclosed \$ _____

EMAIL COMPLETED FORMS TO (asktheprovider@gmail.com)

PRIMARY FACILITY

Name: _____

Owner/Administrator: _____

Address: _____

Tele: _____

License#: _____

Email: _____

Website: _____

SECONDARY FACILITY

Name: _____

Owner/Administrator: _____

Address: _____

Tele: _____

License#: _____

Email: _____

Website: _____

THIRD FACILITY

Name: _____

Owner/Administrator: _____

Address: _____

Tele: _____

License#: _____

Email: _____

Website: _____

Disclaimer

THIS FORM IS NOT DRAFTED BY AN ATTORNEY AND SHOULD NOT BE USED AS A LEGAL DOCUMENT. FORMAL DOCUMENT PENDING.