

# The Residential Home Care Network NETWORK MEMBERSHIP 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 foster brand awareness in the Private Home Adult Family Care Homes and Assisted Living Communities

## THE VISION

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

## MEMBERSHIP BENEFITS

- HELP YOU WITH YOUR OPEN HOUSE
- CONNECT WITH YOUR PEERS REGULARLY
- FACEBOOK LIVE
- MONTHLY MEETINGS
- VIDEO TOUR ON WEBSITE AND YOUTUBE
- OPPORTUNITY TO PARTICIPATE IN COMMUNITY EVENTS

**ONE TIME MEMBERSHIP  
FEE**

*\$150.00 PER FACILITY  
\$50 each additional unit*

Primary  
Unit.....\$150.00  
Additional Facilities...( ) x \$50... .. \$

EMAIL COMPLETED FORM TO [asktheprovider@gmail.com](mailto: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: \_\_\_\_\_