

HARCH

Houston Association of Residential Care Homes, Inc.
7007 Gulf Freeway, Suite 222
Houston, TX 77087

Membership Application

NEW () RENEWAL ()

_____ **Facility Membership**(Dues \$100.00 per year)
(Any person or organization owning or legally operating an Assisted Living
Or Adult Day Care Facility)

_____ **Corporate Membership** (Dues: \$200.00 per year)
(Any group, business or individual which supplies services to and supports the
Assisted Living Industry or its Industry Partners).

PLEASE PRINT

Facility/Company Name: _____

Facility/Company Physical Address: _____

City: _____, TX Zip: _____

Mail Address (if different from above): _____

Name of Applicant: _____

Position with Facility or Company: _____

Cell Phone # _____ FAX # _____

Email Address: _____

(Continue Application on Page 2)

(For Office Use Only)

PAID: Date: _____ Check # _____ Cash \$ _____ Credit Card _____

ISSUED: Receipt # _____ Certificate _____ Card _____

FACILITY MEMBERSHIP (page 2)

(A) Type of Facility:

[1] A, B, C, D, E, Other _____ [2] Large/Small _____ [3] No. of Beds: _____

[4] Lic.# _____ [4] Pending _____ [5] Under Construction _____

(B) Type and age of resident(s) you specialize in: _____

(C) Other information about your facility you may wish us to know - ie - Type(s) of City, State or Private Ins. contracts that help your facility and clients, Etc. _____

(D) What area of town is the facility located? _____

(E) Why did you join HARCH? _____

(F) What would you like HARCH to do for you?: _____

(G) I would like to help HARCH accomplish its Mission Statement by being an active member and by serving as a member of a committee of my choosing - (Circle one) Membership - Finance - By-Laws - Hospitality - GALA - Nominating - Website - Telephone - Legislative - Newsletter - Other: _____

***Remarks / Suggestions:** _____

"I agree to support HARCH and help to accomplish it's Mission Statement"

Signed: _____

Date: _____