



Partners in Aging, Inc  
 P. O. Box 8237  
 Fredericksburg, VA 22404  
 www.partnersinaging.org

For Office Use Only

Approval Date \_\_\_\_\_

Fee Paid \_\_\_\_\_

Signature \_\_\_\_\_

**APPLICATION FOR MEMBERSHIP**  
 mail completed application and fee to above address

For Profit Business \$115.00 (\$100.00 + \$15.00)     Not-For-Profit Business \$40.00 (\$25.00 + \$15.00)

Each membership includes a \$15.00 sustainability fee which is put into the Betty Bazemore Scholarship Fund.

Business Name:

Physical Office Address:

City:  State:  Zip Code:

Mailing Address:

City:  State:  Zip Code:

Contact Name:  Company Title:

Primary Phone:  Cell Phone:  Office Phone:

E-mail:  Website:

Facebook Link:

**Category of Membership (check one):**

- Adult Day Care                       Geriatric Case Manager                       Independent Living                       Medical Office
- Assisted Living Facility                       Home Health Care                       In-Home Care (non-medical)                       Not-For-Profit Agency
- Durable Medical Equipment                       Hospice                       Insurance                       Skilled Nursing Facility
- Financial                       Hospital                       Legal                       Transportation Company

How many years have you been operating in Fredericksburg?

Please list the territory your services cover:

List other Boards you are a member of:

List any community activities you are currently involved in or anticipate being involved in:

Are you interested in becoming part of the Speaker's Bureau?

Explain what topics you can speak on and what are your qualifications:

If you are an In-Home Care Company (non-medical), will you participate in the Betty Bazemore Respite Scholarship Program?

Are you a licensed organization?

Please attach a copy of your license to this application.

License number:

Who is the regulatory agency?

Is your license pending?

Has your license ever been suspended?

If your license has been suspended, please explain:

Are you Medicare certified?

Do you accept Medicaid?

Are you JCAHO accredited?

**If you are a facility:**

Was your last State survey favorable?

Are you able to accept NEW residents under your license?

If you answered no to either of the above questions, please explain: