



Long Term & Continuing Care Association of Manitoba Membership Application Form

*Be recognized for your support for seniors and staff in long term & continuing care
Become a member today*

Residence Name: _____

Residence Legal Name (if different from above): _____

Address: _____

Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Name of Owner(s) _____ Web site: _____

Name of Contact Person: _____ Email: _____

Number of Beds/Suites/Units: _____

Type of Services Provided:

PCH Supportive Housing Independent Living with Services Other _____

Type of Membership Requested:

Active Membership \$45/bed per year Associate Membership \$15/suite or unit per year

Supportive Housing \$25/bed

***Name of person to receive invoicing:** _____ **Email:** _____

How did you hear about LTCAM?

Website Mail/Brochure Email Other _____

Annual Membership: April 1 – March 31. Fees are prorated.

All members are invoiced annually with payment due on April 1st of each year.

Date: _____ **Signature:** _____

Submit application to:

Long Term & Continuing Care Association of Manitoba
202-135 McGregor Street, Winnipeg, MB R2W 4V7 Ph: 204-477-9888 Fax: 1-888-820-1647
www.ltcam.mb.ca info@ltcam.mb.ca