



Membership Application

Facility/Agency Name: _____

Address: _____

Town/City: _____ Postal Code: _____

Telephone #: _____ Fax #: _____

Contact Person: _____

Title/Position: _____

E-mail: _____ Web Page: _____

Owner(s): _____

FACILITY	# of Beds/Units	
	FUNDED	PRIVATE PAY
Residential/Chronic/Complex Care: <i>(includes long term care, private hospitals)</i>		
Congregate Care/Private Pay:		
Assisted Living:		
Mental Health/Children & Families:		
HOME/COMMUNITY CARE	FUNDED	PRIVATE PAY
Annual Hours:		

Membership fees:

Residential Care \$ 40.80/bed/year *
 Residential Private Pay \$ 525/year
 Congregate/Assisted Living \$ 525/year
 Home Support:
 Strictly Private Pay \$ 525/year
 0-100,000 hrs/yr \$ 1575 yr
 100,000-200,000 hrs/yr \$ 2100 yr
 200,000+ hrs/yr \$ 2625 yr

* For mixed facilities with funded beds and private pay/assisted living, the assisted living /private pay rates set at \$13.60/bed/yr

Maximum dues per site - \$6000/year
 Minimum dues \$525/yr

Multi Site Providers:
 Membership required for all sites. A \$6,000 maximum cap per member site and additional sites have their membership dues reduced by 10% increments for each additional site up to a maximum of 50% reduction.

 Signature of Applicant

 Date

RETURN COMPLETED APPLICATION FORM TO:

BC Care Providers Association
 301 - 1338 West Broadway
 Vancouver, B C V6H 1H2
Fax: 604 736 4266

UPON RECEIPT OF THIS COMPLETED APPLICATION FORM YOU WILL BE INVOICED BY THE ASSOCIATION.