



Association of Senior Referral
Professionals of Washington

Application for Membership

Business Name: _____

DBA: _____

Business Address: _____

Phone: _____ Fax: _____

Website: _____

Service area: _____

Primary Contact Person (Name/Title): _____

2nd Contact Person (Name/Title): _____

3rd Contact Person (Name/Title): _____

E-mail of primary contact person: _____

- Please check the box if applying for membership as a Senior Referral company. Members must currently offer referral services to the senior housing and care industry within the state of Washington. By checking the box you understand that your company must comply with the Elder and Vulnerable Adult Placement Referral Agency Act RCW 18.330 and that your membership with this association is dependent upon that. Compliance includes the following and is not limited to:

- ✓ Disclosure of services
- ✓ Authorization to obtain and release medical information
- ✓ Intake form
- ✓ Community/Provider profile (updated every 12months)
- ✓ Contracts with providers (including fees and refund policies)
- ✓ Professional Liability Insurance (minimum \$1 million dollars)
- ✓ Employee background checks
- ✓ Understand Provider credential and Enforcement Status
- ✓ Comply with the record keeping requirements
- ✓ Understand that your company and employees are Mandatory Reporters

- Please check this box if applying for membership as an Affiliate Member. Affiliate Members must offer services which enhance the ability of the referral professional to serve clients; or, alternatively, must work in an industry which offers products or services to the senior housing and care industry within the state of Washington.

Membership Fees 2016 (Non-refundable):
Senior Referral Company- \$200 per year
Affiliate Membership - \$100 per year

Please make checks payable to: ASRP of WA

Please submit the above information with payment. Professional Membership applications must also include copies of the **business license for Washington State** (state license only, do not need to submit city), **disclosure of service, health care release form** and **proof of Professional Liability Insurance**. Send all items to the following address.

Abby Durr
Treasurer for ASRP of WA
1693 NE Juneberry St.
Issaquah, WA 98029

Membership will follow the Company and not the individual person(s) listed above. Senior Referral Professional Membership entitles the Company with a voting influence of one for Association matters. Affiliate Members do not have voting influence for Association matters. The Company may have up to three individual employees listed as members. You will be notified as soon as membership has been processed by the Board of Directors. Membership renewal will be due 1 year from the date that your membership has been approved.

Please check the committee that you would like to serve on:

- Membership
- Education
- Ethics & Best Practices
- Legislative
- Communications

By signing below you are indicating that you have authorization to agree to the above for your company and that your company is in compliance with the Elder Referral Act RCW 18.330. **Professional Membership application MUST include items noted above.** If you have any questions regarding membership, please contact Lynn Rockstad, ASRP Membership Chair (see below).

Signature: _____

Date: _____



Association of Senior Referral
Professionals of Washington

Web site: www.asrpwa.org

9224 Slater Ave. NE, Suite 215, Kirkland, WA 98033

Executive Board 2016

Lisa Doyle, President 253.777.3804
Heidi Sheldon, President Elect 425.827.0894
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