

2018 Provider Member Application & Dues Worksheet

FACILITY NAME:			
FACILITY ADDRESS:			
CITY, STATE, ZIP:			
PARENT COMPANY NAME:			
Primary Contact Name:			
Primary Contact Title:			
Primary Contact Phone & Fax:			
Primary Contact Email:			
Type of Sponsorship:			
Total Number of Housing Units:	SNF:	ALU:	ILU:
2018 LeadingAge Maine & New Hampshire / LeadingAge National Dues Calculation			
A.	Program Service Revenue and/or Rental Income: (see definition below)	A.	
B.	Millage Rate: (see table below)	B.	X .000 ____
C.	Calculated Amount: (multiply Lines A and B)	C.	
D.	Plus Flat Amount (if applicable): (see table below)	D.	
E.	Total LeadingAge Dues Amount: Add Lines C and D; If total dues are less than \$350, enter \$350; If total dues are more than \$9,281, enter \$9,281; If under construction, enter \$350	E.	
F.	Multiply Line E by .50 = 2018 LeadingAge Dues: (First year 50% discount)	F.	For First Time Members Only
G.	Multiply Total Number of Housing Units by \$22.64 = 2018 LeadingAge ME & NH Dues: If total dues are less than \$350, enter \$350; If under construction, enter \$350	G.	
H.	Multiply Line G by .50 = 2018 LeadingAge ME & NH Dues: (First year 50% discount)	H.	For First Time Members Only
I.	TOTAL DUES AMOUNT: Add Lines F and H	I.	

Table: Millage and Flat Amount

If Program Revenue is:	Millage Rate:	Flat Amount:
Between \$0 and \$999,999	.00040	\$0
Between \$1,000,000 and \$9,999,999	.00035	\$50
\$10,000,000 or more	.00030	\$550

LeadingAge (national) Maximum Dues are \$9,281 unless participating in the Corporate Member Program.

Program Service Revenue Definition: Program service revenue includes (but is not limited to) revenue from nursing care, assisted living, independent living units, adult day care, home health care, transportation, outpatient services, meals on wheels, hospice and community based services. It excludes interest, investments, realized and unrealized gains or losses, special events and activities, contributions and any other services unrelated to LeadingAge's mission. **See Part One, Line 9 of your organization's 990 form or**

refer to your most recent audited financials, annual P&L statements or Schedule 11, line 16 of the 2010 Medicaid Cost Report.

Please return this completed application by email to LHenderson@LeadingAgeMENH.org or by mail to

LeadingAge Maine & New Hampshire | PO Box 154 | Newmarket, NH 03857-0154