



Georgia Association of Homes and Services for the Aging

Center/Facility Name & Address: \_\_\_\_\_

Administrator/Executive Director Name: \_\_\_\_\_  
(Circle One)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Web Site: \_\_\_\_\_

**THANK YOU FOR YOUR REMITTANCE:**  
Please make all checks payable to GAHSA and mail to:  
GAHSA Membership Dues 404.872.9191 ext. 19  
607 Peachtree St., NE 404-872-1737 (F)  
Atlanta, Georgia 30308  
Date: \_\_\_\_\_  
Total Amount Enclosed: \$ \_\_\_\_\_

**Due Upon  
Receipt of Invoice**

**PLEASE CHECK ONE:**

- Current Member
- New Member

## GAHSA MEMBERSHIP INVOICE FOR ADULT DAY CARE (JANUARY 1- DECEMBER 31, 2007)



**ORGANIZATION  
TYPE**

Check the appropriate non-profit/for-profit facility or organization type below:

<input type="checkbox"/> Religious	<input type="checkbox"/> Community	<input type="checkbox"/> Governmental	<input type="checkbox"/> Fraternal	<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Private Foundation	<input type="checkbox"/> For Profit Corporation
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List Full Name of Sponsorship: \_\_\_\_\_

Tax Classification {eg., 501 (c) (3)}: \_\_\_\_\_

Georgia General Assembly: SENATE DISTRICT \_\_\_\_\_ HOUSE DISTRICT \_\_\_\_\_

Medicare Approved:  Yes  No Medicaid Approved:  Yes  No

2007 Adult Day Care Dues: \$200.00 (For existing Adult Day programs)

2007 Adult Day Care Professional Dues: \$150.00 (For individuals in the process of opening an Adult Day Center)

### Additional Information

Secondary Contacts Name/Title: _____	E-mail Addresses/Contact Phone Numbers for all staff _____
Business Manager Name: _____	
Asst. Manager: _____	
Social Worker: _____	
Nursing Staff: _____	
Activities Director: _____	
Maintenance Staff: _____	
Number of staff: Full Time _____ Part Time _____	Number of clients served annually: _____
Target population served (example: age of clients, Alzheimer's care?, area served, etc.) _____	
Major sources of funding (example: private fees, government funding, grants, etc.) _____	
Core Services offered: _____	
Ancillary (support) services offered: _____	
Total enrollment: _____ Average daily attendance: _____ Daily Charges: _____ Date Center Started: _____	
Parent Organization: _____ Social, Medical or Social/Medical Model? _____	