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Pennsylvania Alliance of Retirement Community Residents
2017-2018 Application for Community Membership

\$ 60 Retirement Community Membership
Payment due by July 1, 2017
Make check payable to PARCR

Retirement Community Membership Includes the President and Two Delegates

Please Type or Print

Name of the Retirement Community _____
Address _____ City _____ State ____ Zip Code _____
Telephone _____ Fax _____ Website _____

Council or Association President _____
Mailing Address _____
Telephone _____ Email _____
Term of Office _____ (xx/xx/xxxx to xx/xx/xxxx)

Delegate Information

Delegates serve as the community contacts and the liaisons with the PARCR Executive Board

No.1 _____
Address _____
City _____
Telephone _____
Email Address _____

No. 2 _____
Address _____
City _____
Telephone _____
Email Address _____

Number of Residents

Number of Independent Living Residents _____
Number of Personal Care Residents _____
Number of Skilled Care/Nursing Residents _____
Number of Memory Care Residents _____
Number of Other Residents (Explain) _____

Signature of Resident Council/Association Officer _____
Title _____ Date _____