



Long Term & Continuing Care
Association of Manitoba

**Long Term & Continuing Care Association of Manitoba
Membership Application Form**

*Be recognized for your support for seniors and staff in long term & continuing care
Become a member today!*

Residence Name: _____

*Residence Legal Name (if different from above): _____

Address: _____

Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Name of Owner(s) _____ Name of Contact Person: _____

Email: _____ Web site: _____

Number of Beds/Suites/Units: _____

Type of Services Provided: _____

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*Name of person to receive invoicing: _____ Email: _____

**Annual Membership: April 1 – March 31. Fees are prorated.
All members are invoiced annually with payment due on April 1st of each year.**

DATE: _____ **Authorized Signature:** _____

Name: _____

Address: _____

Province: _____ Postal Code: _____

Phone: _____ Email: _____

Position: _____

Date: _____ **Signature:** _____

How did you hear about LTCAM?

Website Mail/Brochure Email Other _____

Submit application to:

Long Term & Continuing Care Association of Manitoba

103-1483 Pembina Highway, Winnipeg, MB R3T 2C6 Ph: 204-477-9888 Fax: 204-477-9889 or 1-888-820-1647
www.ltcam.mb.ca