



Association of Senior Referral
Professionals of Washington

Application for Membership

Business Name: _____

DBA: _____

Business Address: _____

Phone: _____

Website: _____

Geographic Service areas (needed for web and brochure): _____

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 Referral agency. 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 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 2025 and after (Non-refundable):

Senior Referral Company- **\$250** per year

Affiliate Membership - **\$200** per year

Please make checks or bill pay through your bank payable to: ASRP of WA, to the Issaquah address below. You can also contact Abby via email for ASRP PayPal and Venmo options. Please submit the above information with payment. *Referral Professionals/Agency Membership applications (only) must also include copies of your **1. Business license for Washington State** (state license only, do not need to submit city), **2. Disclosure of Service**, **3. Health Care Release form**, and **4. Proof of Professional Liability Insurance**. Mail or email all items to the following address:

Abby Durr, abby@silveragecare.com
Treasurer for ASRP of WA
1567 Highlands Dr NE, STE 110 # 205
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 your membership has been processed by the Board of Directors at our next monthly board meeting. Membership renewal will be due yearly from the date that your membership has been approved.

Please check the committees that you are interested in serving 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 applications MUST include the 4 items noted above.** If you have any questions regarding membership, please contact Abby Durr, ASRP Treasurer, abby@silveragecare.com.

Signature: _____

Date: _____