

# North Texas Organization of Residential Care Homes

## Membership Application

Date: \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_  
Home Name: \_\_\_\_\_ # of Beds: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Manager (if applicable): \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Website Address: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Cell: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_  
License #: \_\_\_\_\_ Type: A \_\_\_\_\_ B \_\_\_\_\_

Check all that apply:

<input type="checkbox"/> Hospice	<input type="checkbox"/> Respite
<input type="checkbox"/> Daycare	<input type="checkbox"/> Ambulatory
<input type="checkbox"/> Bedridden	<input type="checkbox"/> Wheelchair
<input type="checkbox"/> Oxygen	<input type="checkbox"/> Feeding Tube
<input type="checkbox"/> Incontinence	<input type="checkbox"/> Wake Staff at Night

## Membership Category

**Facility Member:** A facility providing residential care.

\_\_\_\_\_ Facility Member: **\$60.00 Annually**

**Business Member:** An individual, organization, or business firm not owning, operating, or representing the interests of a residential care facility, but having related interests in the residential care industry.

\_\_\_\_\_ Business Member: **\$120.00 Annually**

**Total Due:** \$ \_\_\_\_\_ (Note: Assisted living home owners are required to be members of the state TORCH organization, but business partners are not required to be state TORCH members.)

**Please make check payable to North Texas TORCH and mail to the following address:**

North Texas TORCH  
1724 Milestone Ridge  
Lewisville, TX 75067  
Tel: 972-221-0010 or 214-558-8335