

# TARC Membership Application

## Texas Association of Residential Care Communities

Post Office Box 9005 – Austin, Texas 78766-9005  
Call (512) 338-1223 – Email: [dar-rell@austin.rr.com](mailto:dar-rell@austin.rr.com)

Facility/Community \_\_\_\_\_ County \_\_\_\_\_  
 Facility Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Fax \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Website: \_\_\_\_\_  
 State License Number \_\_\_\_\_ Vendor Number \_\_\_\_\_ Number of Employees \_\_\_\_\_  
 Key Facility Representative \_\_\_\_\_ Title \_\_\_\_\_  
 Associate Member (if any) \_\_\_\_\_ Title \_\_\_\_\_  
**Ownership** (Name of Controlling Entity) \_\_\_\_\_  
 Ownership Contact \_\_\_\_\_ Title \_\_\_\_\_  
 Ownership Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Fax \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

**DUES STRUCTURE**

**Annual Membership Dues:** Membership renewal is on an anniversary date basis – whatever date a facility may join, they will receive a full 12 months of service.

REGULAR MEMBER – **Nursing Home Facilities** due are \$10 per licensed nursing home bed per year. The controlling entity must join all facilities/beds under their control; owned, leased or managed.

REGULAR MEMBER – **Retirement Communities, Personal Care Facilities** and other institutional providers that accommodate 17 beds or more. **\$600.00 per year.**

REGULAR MEMBER – **Retirement Communities, Personal Care Facilities** and other institutional providers that accommodate 16 beds or fewer. **\$300.00 per year.**

REGULAR MEMBER – **Corporations** who own two or more retirement communities or personal care facilities, and only join the corporate office shall pay **\$1,200 per year** plus \$150 for every facility over two.

BUSINESS MEMBER – Company or firm who services healthcare facilities or who is interested in senior care programs (i.e. law firms, architects, insurance companies, design firms, realtors, home health agencies, etc.) **\$300.00 per year**

ASSOCIATE MEMBER – A non-active manager, administrator, or individual interested in the field of care for the elderly. **\$150 per year**

Amount of dues enclosed: \$ \_\_\_\_\_ Date \_\_\_\_\_

*\*Dues renewable on anniversary date of membership*

Make checks payable to: **Texas Association of Residential Care Communities or TARC**

**Please join us in our pursuit of excellence. To join, simply complete this form and mail with your dues to the address shown at the top of the form.**

PLEASE INDICATE THE NUMBER OF BEDS OFFERED IN THIS FACILITY AS INDICATED BELOW

_____ # of Nursing Beds/private pay	_____ # of Nursing Beds/Medicaid
_____ # of Nursing Beds/Medicare	_____ # of Personal Care Beds/CBA or AL
_____ # of Personal Care Beds/private pay	_____ # of Independent Living Units
_____ # of Adult Day Care Capacity	_____ # of Hospital or CMH Beds
	_____ # of Alzheimer's Patients

**Who recommended you to TARC?**

Person \_\_\_\_\_  
 Firm \_\_\_\_\_ City \_\_\_\_\_