

The Residential Care Facilities of New York

APPLICATION FOR MEMBERSHIP TO THE RESIDENTIAL CARE FACILITIES.
PLEASE COMPLETE IN BLACK INK ONLY.

Corporate Name: _____

Trade Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Date Firm was Formed: _____

FEIN# _____

Business Phone () _____ Fax # () _____

E-mail Address: _____

Check One: Corporation Partnership Sole Proprietor

Owners/Partners/Officers Names & Titles:

Are you a member of a Trade Association? _____

Total number of employees in New York? _____

Estimated annual sales? _____ Number of Locations _____

Accountant's Name: _____ Tel.# _____

Address: _____

Official Use Only

Prod. _____
Efl _____
SF--: _____
Prior Co. _____
Prior Prcm- _____
Referral.
T.M. _____
Crd. _____
SIF _____
Rpt. _____
Adv. _____
Show _____
Ref: _____

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