

TORCH Membership Application

Personal/Professional Information

Date: _____ New Renewal

Name: _____

Facility/Company: _____

Mailing Address: _____

City/State/Zip: _____

Primary Phone: _____

Alternate Phone: _____

Fax Number: _____

Email: _____

Nearest Largest City: _____

Chapter: _____

Professional License/Certification:

AL/PCM CFA CNA LNFA
 LVN RN Other: _____

Texas Department of Aging and Disability Services Licensing Status:

Licensed Pending 3 beds or less

Vendor Number (required): _____

Type of Facility:

Type A Type B Type C (adult foster care)
 Room and Board 3 beds or less

Credit Card Information:

Visa MasterCard American Express Discover

Card # _____ Exp. Date _____

Signature: _____

Paying by Check

If paying by check, please make check payable to TORCH and remit to: TORCH, P.O. Box 372, Ganado, Texas 77962.

Call us toll-free at (888) 528-6724 should you have any questions. Application can be faxed to: (888) 718-6724.

Membership Categories/Fees

Facility Member

A facility providing any level of care may become a facility member. Each facility member may have more than one representative if they are co-owners or have a financial interest in or are a manager of a facility. Each individual pays the appropriate facility dues. Bed fees apply to only one facility member. There can be only three facility members per facility.

Basic annual fee = \$200 \$ _____

*Plus \$5.00 per bed x total number of beds \$ _____

(Please note: bed count must include all beds in all facilities, occupied or vacant).

Associate Member

An Associate Member is an individual who is affiliated with a facility that is a Facility Member, a non-active manager, or an individual who is interested in the field of residential care but is not a business that financially gains from TORCH and/or its membership.

Annual dues = \$185 \$ _____

Business Partner/Professional

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

Annual dues = \$400 \$ _____

Business Partner/Professional Associate

An individual or an individual of a branch office of a Business/Professional Member may become a member in this category.

Annual dues = \$250 \$ _____

Legislative/Regulatory Fund (optional)

Any member may donate to this fund in addition to their membership dues. Monies donated to this fund are used exclusively for legislative and regulatory matters. Contributions to this fund can be for any amount indicated by the member.

Legislative/Regulatory Fund \$ _____

Policy and Procedures Manual

___ Members (includes manual, CD, S&H) \$ 350.00

___ Non-Members (includes manual, S&H) \$ 550.00

In-Service Employee Training Manual

___ Members (includes S&H) \$ 350.00

___ Non-Members (includes S&H) \$ 550.00

OSHA Manual

___ Members (includes S&H) \$ 150.00

___ Non-Members (includes S&H) \$ 350.00

Total Amount Due: \$ _____

Amount Enclosed: \$ _____

Balance Due: \$ _____

