



# LTQA Membership Application

Thank you for your interest in becoming a member of the Long-Term Quality Alliance (LTQA) and supporting our mission to advance the availability, affordability, and access to high-quality, integrated long-term services and supports (LTSS). We look forward to your involvement in our community!

## Organization

Organization name

Address

Website

Phone

## Primary Contact

Name

Email

Title

Phone

## Invoice Contact

Name

Email

Title

Phone



# LTQA Membership Application

## Communications Contact

Name		Email	
Title		Phone	

## Meeting Notice and Newsletter Contacts

Name		Email	
Title		Phone	
I would like to receive:	<input type="checkbox"/> meeting notices <input type="checkbox"/> newsletters		

Name		Email	
Title		Phone	
I would like to receive:	<input type="checkbox"/> meeting notices <input type="checkbox"/> newsletters		

Name		Email	
Title		Phone	
I would like to receive:	<input type="checkbox"/> meeting notices <input type="checkbox"/> newsletters		

Name		Email	
Title		Phone	
I would like to receive:	<input type="checkbox"/> meeting notices <input type="checkbox"/> newsletters		



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## What are your organization's priority areas?

1.

2.

3.

4.

## What programs and services does your organization offer?

1.

2.

3.

4.

## What do you hope to get out of your membership with LTQA?

1.

2.

3.

4.