



## AFFILIATE MEMBERSHIP APPLICATION CHECKLIST

Please use this list to verify inclusion of all the necessary forms, paperwork and documentation required for application review.

- ✓ **Affiliate Membership Application\***- Completed, signed, and dated  
\*Please note that an online version of this application is available at PASRS.org.
- ✓ **PASRS Universal Best Practices Agreement**- Completed, signed, and dated
- ✓ **PASRS Grievance Policy Agreement**- Completed, signed, and dated
- ✓ **Annual Dues**-
  - Affiliate Members
    - Senior service companies that do not make referrals/placements
    - \$250.00
  - Corporate Members- single membership covers all sites
    - 5 or more locations within a company
    - \$1,000.00
- ✓ **Payment Options**-
  - Credit Card via form- Complete the credit card portion of this application. Once card information is received by the PASRS office, the card is charged, and a receipt is emailed.
  - Online payment by Credit Card- Choose the box for online payment. Once application is received by our office, an invoice will be issued via email that can be paid online via credit card.
  - Checks- Make checks payable to PASRS and mail to:  
PASRS  
P.O. Box 10156  
Phoenix, AZ 85064
  - Invoice Required- Choose the box for invoice required. Once application is received by our office, an invoice will be issued via email.
- ✓ **Submittal**- Please submit the completed application packet by:
  - By mail: PASRS  
P.O. Box 10156  
Phoenix, AZ 85064
  - By scan/email: [admin@pasrs.org](mailto:admin@pasrs.org)
  - By fax: 602-559-9797



## **AFFILIATE MEMBERSHIP APPLICATION OVERVIEW**

**Eligible for Membership:** The following are eligible for PASRS Membership-

Any sole proprietorship, partnership, corporation, company, association, or any other form of business endeavor in the senior service industry and affiliated industries in Arizona willing to adhere to and maintain PASRS's minimum standards of Best and Ethical Business Practices

### **Types of Membership:**

1. Industry Members- Those who are engaged in the senior referral industry providing senior referral/placement services to one or more clients in any calendar year.
2. Affiliate Members- Businesses (including non-profit associations) associated with the senior service industry and the medical services industry that do not make referrals/placements.
3. Affiliate Corporate Members- Businesses or organizations (other than non-profit organizations) associated with the senior service industry and the medical services industry with five or more locations.

### **Voting Members:**

Only members selected to the Board of Directors of the Association will have voting privileges as authorized in the PASRS By-laws.

### **Application Process:**

1. Complete application package and submit to the PASRS office.
2. Application package is reviewed by PASRS Staff and/or Board of Directors for completeness and approval.
  - a. Applications requiring further information will be notified via email provided within application.
3. Payment of membership dues is processed.
4. Notification of active membership is made via email to the contact information provided in the application package.

### **Affiliate Membership Application Requirements:**

To be considered for Affiliate Membership in PASRS, the following must be submitted-

1. Affiliate Membership Application, completed & signed
2. PASRS Best Practices Policy Adoption Agreement, completed & signed
3. PASRS Grievance Policy Adoption Agreement completed & signed.
4. Annual dues



### **Membership Benefits Include:**

The PASRS Board of Directors is constantly working to improve and add to the benefits of PASRS membership. Current Member Benefits include-

- PASRS Logo- the PASRS logo is a symbol of ethical business practices and leadership in the Arizona Senior Service Industry. Members of PASRS are encouraged to proudly display the PASRS logo in all of their marketing material so that current and potential partners and customers can know the high standard by which Members operate their businesses.
- Certificate of Membership for physical posting at company location,
- Certificate of Best Practices for reference, posting on company website, and physical posting at company location
- Exclusive access to Member Only information network
- Addition to the PASRS Referral Directory
- Customizable directory webpage for each Member
- Social Media linking
- Exclusive Member Only pricing to ticketed events.
- Announcements of new membership:
  - Shared via email to all members that includes contact information and links to website (if applicable)
  - Posted on PASRS social media with links to company website (if applicable)
  - Made verbally at next scheduled PASRS meeting

### **Members in Good Standing are Required to:**

- Maintain a minimum 50% annual company attendance rate at regular membership meetings
  - This requirement extends to business employees, meaning that we ask that someone from your organization be present at 50% of the monthly member meetings.
- Adhere to the PASRS Best Practice Policy
- Adhere to the PASRS Grievance Policy.
- Remain current on annual dues payments
- Consider active participation in PASRS committees



## Affiliate Member Application

Company Information			
Date:	Company Name:		
Does the company have a d/b/a or a different name known to customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is it?	
Contact Person's Last Name:		First Name:	
Mailing Address:	City:	State:	Zip:
Main Phone Number: (    )    -	Mobile (    )    -	Fax: (    )    -	Other: (    )    - <input type="checkbox"/> Mobile <input type="checkbox"/> After Hours <input type="checkbox"/> _____
Website:		Email:	
Category of Company: <input type="checkbox"/> Advocacy <input type="checkbox"/> Care Home (Group Home) <input type="checkbox"/> Center (Residential Community) <input type="checkbox"/> Consulting <input type="checkbox"/> Home Care Provider/Caregiving <input type="checkbox"/> Home Health <input type="checkbox"/> Hospice <input type="checkbox"/> Financial Services <input type="checkbox"/> Legal Services <input type="checkbox"/> Medical Provider <input type="checkbox"/> Other: _____			
In the space below, please describe the services of the company, including specialties:			
How long has the company been in business?		How long has the company's owner/management been in the senior service industry?	
If applicable, do you accept ALTCS? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, which plan/s?	
Does the company maintain a current liability insurance policy that covers the actions of all employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who is your carrier?	
Counties Served: <input type="checkbox"/> Maricopa <input type="checkbox"/> Pima <input type="checkbox"/> Pinal <input type="checkbox"/> Yavapai <input type="checkbox"/> Coconino <input type="checkbox"/> Yuma <input type="checkbox"/> Santa Cruz <input type="checkbox"/> Cochise <input type="checkbox"/> La Paz <input type="checkbox"/> Gila <input type="checkbox"/> Graham <input type="checkbox"/> Greenlee <input type="checkbox"/> Mohave <input type="checkbox"/> Navajo <input type="checkbox"/> Apache			
Have any of the company's owners, officers, principals, or managerial employees had their license or certification revoked, suspended, or had any other disciplinary action taken against them by a licensing body? <input type="checkbox"/> Yes <input type="checkbox"/> No			



<b>Billing Information</b> (if different than above)			
Contact Person's Last Name:		Annual Pricing: Affiliate- \$250	
		Dues Payment Option: <input type="checkbox"/> Pay by credit card via form <input type="checkbox"/> Pay by credit card online (an invoice will be emailed for online payment access) <input type="checkbox"/> Pay by check (mail to PASRS office)  Is an invoice required for payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
First Name:		City:	State:      Zip:
Mailing Address:			
Phone Number (if different for billing): (    )      -	Email (if different for billing):	<b>If paying by credit card via form, please complete:</b>	
		Card Number:	
		Exp Date:	CCV Code:      Billing Zip Code:
Please make checks payable to: PASRS and mail to PASRS, PO Box 10156, Phoenix, AZ 85064 Questions? Call 602-845-1300 or Email <a href="mailto:admin@pasrs.org">admin@pasrs.org</a>		Amount Paid: \$	Signature:



<b>Location/Site Information</b> (If information is the same at each location, please write "same.")					
Total number of locations/sites:					
Location 1			Location 2		
Site Name (if different):			Site Name (if different):		
Physical Address:			Physical Address:		
City	State	Zip	City	State	Zip
Contact Person's Last Name:                      First Name:			Contact Person's Last Name:                      First Name:		
Email:			Email:		
Phone Number: (    )                      - <input type="checkbox"/> Office <input type="checkbox"/> Mobile <input type="checkbox"/> After Hrs <input type="checkbox"/> Other: _____			Phone Number: (    )                      - <input type="checkbox"/> Office <input type="checkbox"/> Mobile <input type="checkbox"/> After Hrs <input type="checkbox"/> Other: _____		
Phone Number: (    )                      - <input type="checkbox"/> Office <input type="checkbox"/> Mobile <input type="checkbox"/> After Hrs <input type="checkbox"/> Other: _____			Phone Number: (    )                      - <input type="checkbox"/> Office <input type="checkbox"/> Mobile <input type="checkbox"/> After Hrs <input type="checkbox"/> Other: _____		
Specialties of site (if applicable):			Specialties of site (if applicable):		
Location 3			Location 4		
Site Name (if different):			Site Name (if different):		
Physical Address:			Physical Address:		
City	State	Zip	City	State	Zip
Contact Person's Last Name:                      First Name:			Contact Person's Last Name:                      First Name:		
Email:			Email:		
Phone Number: (    )                      - <input type="checkbox"/> Office <input type="checkbox"/> Mobile <input type="checkbox"/> After Hrs <input type="checkbox"/> Other: _____			Phone Number: (    )                      - <input type="checkbox"/> Office <input type="checkbox"/> Mobile <input type="checkbox"/> After Hrs <input type="checkbox"/> Other: _____		
Phone Number: (    )                      - <input type="checkbox"/> Office <input type="checkbox"/> Mobile <input type="checkbox"/> After Hrs <input type="checkbox"/> Other: _____			Phone Number: (    )                      - <input type="checkbox"/> Office <input type="checkbox"/> Mobile <input type="checkbox"/> After Hrs <input type="checkbox"/> Other: _____		
Specialties of site (if applicable):			Specialties of site (if applicable):		



## LEGAL AND RELEASE STATEMENTS

### **Privacy Practices and Use of Data:**

The information gathered throughout the process of membership application is intended for the review of the PASRS's staff and/or Board of Directors. Certain parts of the application, are intended to be shared publicly. Generally speaking, shared information includes marketing-type content such as: company name, provided services, location, and contact data. PASRS utilizes application information solely for the purposes of processing new applications for membership and/or to verify that a member or prospective member has necessary documents. The information collected is not shared or distributed for any other reason. By signing below, I represent that I have reviewed the PASRS Privacy Practices and agree to the terms within it.

I, the undersigned, grant the Professional Association of Referral Specialists (the "Association"), and/or its authorized agents, the rights to use the information herein, as defined above, for informational, publicity, or promotional purposes without prior notification. I understand that this Information may appear in printed materials published by the Association, on the Association's website, in the Association's presentations or exhibits, in newspapers or magazines, or on television. I agree to hold the Association and its Members harmless from all claims related to the Association's or its agents' use of this Non-Confidential Business Information for these purposes. I also agree that the Association is under no obligation to me or any other party to use this Information. By my signature below, I represent that I have read and fully understand this Application for Membership Form.

### **Application Verification Release:**

I hereby authorize PASRS, its agents, officers, directors, staff, or private investigators, to make inquiries, either by written communication, telephone, computer, in person or otherwise, to any current or former business associate, governmental agency, educational institution, military establishment, relative or any other persons or entities knowledgeable of backgrounds of the individuals listed on this Application as to their prior history, without limitation, their: criminal history, business records or personal background; corporate directorship/ownership, interest in business(es), nature of business of business dealings; prior claims, lawsuits, settlements; educational background, licenses, and certifications, work experience, nature of duties, performance levels; reliability, responsibility, honesty, integrity, civility, and any other measures of their character or personality.

In consideration of the furnishing of any such information by any party contacted by or on behalf of the Association, I and the business entity I represent, specifically waive any confidential relationship or privacy right which may exist for my (our) benefit and completely PASRS, and the part(ies) contacted from any responsibility or liability for damages or other injuries which may occur as a result of the release or disclosure of this information. I, and the business entity I represent, agree to indemnify and hold harmless anyone involved with the conduction of this investigation of my, or the business entities, background from any and all liabilities or claims in connection therewith. Photo static, faxed or any other copy of this instrument bearing my signature shall be equally legally valid as the original.

### **Use of PASRS' Name, Logo and Seal:**

Applicant understands that PASRS name, logo and seal are proprietary properties of PASRS and the use thereof is strictly limited to PASRS and its Members in Good Standing. Upon applicant being approved to be a Member in Good Standing, the new member will be granted permission to use PASRS proprietary properties, as indicated above, in their advertising materials and website for the time duration they are recognized as a Member in Good Standing with PASRS. If, for any reason, a Member loses their Member in Good Standing status with PASRS, the applicant agrees that they will immediately cease to use PASRS proprietary properties in their advertising materials and on their website until such time that their Member in Good Standing status with PASRS can be restored.



**Applicant Verification:**

I certify that to the best of my knowledge, that the information provided herein is accurate and complete. I further agree, in the event the business I represent becomes a Member of the Association that all disputes and claims, individual or severable, involving this Membership will be submitted to the Association's Board of Directors for final resolution. The decision rendered by the Board of Directors regarding any Member dispute or claim is binding, final, and cannot be appealed.

My company's current annual financial participation in the work of PASRS is the annual membership dues and is non-refundable. The term of Industry Membership is one year commencing on the first day of the month following notification of application approval. On each anniversary of that date thereafter, the Term shall be extended for an additional year, unless it is terminated by action of the Board of Directors or the Applicant

Name of Company: \_\_\_\_\_

Signature of Authorized Agent: \_\_\_\_\_

Name (please print or type): \_\_\_\_\_

Title: \_\_\_\_\_ Today's Date: \_\_\_\_\_





## UNIVERSAL BEST PRACTICES

The Association's Best Practices are designed to promote honest and ethical conduct in Arizona's senior referral industry. They are also designed to facilitate and encourage prompt reporting of law and/or regulatory violations.

All PASRS Members will:

1. Maintain a business environment that fosters fairness, respect and integrity. It is the Association's policy that its members are lawful, highly principled and socially responsible in all business practices. All members are expected to become familiar with these Best Practices and to apply these guiding principles in the daily performance of their business activities and responsibilities.
2. Operate their businesses with due diligence and professional care in accordance with professional standards and best practices.
3. Serve in the interest of their clients and business organizations in a lawful and honest manner, while maintaining high standards of conduct and character and not engage in acts discreditable to the industry or to the Association.
4. Maintain the privacy and confidentiality of information obtained in the course of their duties, unless disclosure is required by legal authority. Such information shall not be used for personal benefit or released to inappropriate parties.
5. Ensure that all employees maintain competency in the senior referral industry and other respective fields as applicable.
6. Agree to undertake only those business activities, clients, or commitments, which they can reasonably expect to service or complete in a timely manner and with professional competence.
7. Have a written client problem resolution and/or client complaint process policy in place that promptly addresses and resolves problems, issues or conflicts in a timely manner and with professional competence.

I, and the business entity I represent, have read and agree to abide by the PASRS Affiliate Best Practices Agreement. I understand I am responsible for operating under these guidelines. If I, and the business entity I represent, fail to comply with this agreement, I understand disciplinary action could be taken including loss of membership.

Name of Business: \_\_\_\_\_

Signature of Authorized Agent: \_\_\_\_\_

Printed name of Authorized Agent: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_



## PASRS GRIEVANCE POLICY

### Policy

It is the policy of PASRS to have a procedure and expectation that members will abide by the Best Practices set forth by the Board of Directors (the "Board"). In the event there is a question regarding adherence to these Best Practices, the Board has a policy in which a member, affiliate member, or non-member can initiate a grievance against a PASRS member. The grievance is reviewed by the Ethics Committee and the Board. As a condition of membership, members agree to abide by the recommendations made by the Ethics Committee and Board.

### Procedure

- 1) All members will submit to and sign the Grievance Policy at the time of their application form membership to PASRS. Signing the Policy designates the member's willingness to submit to the findings and recommendations of the Ethics Committee and the Board.
- 2) The initiator of the grievance will notify the Board of the intent to file a grievance and complete the Grievance Form. All grievances must be filed with the Board President and no action shall be taken on any grievance until the Grievance Form is filed. After the grievance is filed with the Board President, such individual will notify the members of the Ethics Committee and provide copies of all submitted documentation to Ethics Committee members.
- 3) The Ethics Committee will meet and review the grievance within 14 days of the filing of the grievance. The Ethics Committee will make their recommendations to the Board within 30 days after their initial meeting, unless otherwise extended by good cause. Ethics Committee recommendations shall be obtained by simple majority vote.
- 4) The Board will hold a hearing with the agency named in the grievance to review the findings and recommendations submitted by the Ethics Committee. Such hearing shall be held within 30 days of the Ethics Committee submitting its findings and recommendations, unless otherwise extended by good cause. At the conclusion of the hearing, the Board will vote on whether to accept the findings and recommendations of the Ethics Committee by a simple majority vote. All recommendations will be made in writing and become part of the agency file that the Board keeps on all members.
- 5) Grievances substantiated after votes by the Ethics Committee and the Board that involve a violation of the Best Practices of PASRS can be grounds for the termination of membership.
- 6) Other than the publication of recommendations discussed in Paragraph 4 or as otherwise required by law, all matters regarding grievance complaints will remain confidential to the Ethics Committee, the Board, and the agency involved. Notwithstanding this Paragraph, the party initiating the grievance shall be entitled to notice of the findings and recommendations of the Ethics Committee and the Board.
- 7) The purpose of this policy is to promote consistency and integrity among professionals serving Arizona's elderly population. The intention and spirit of PASRS policy is to clarify best practices and support



professionals in their quest to serve Arizona's elderly. This policy is not intended as a punitive action, but rather an educational tool designed to remedy poor practices through self-regulation.

- 8) Every member indemnifies and holds harmless any participant of the Ethics Committee or the Board engaged in the application of this Policy for all actions taken consistent with the investigation, hearing, and resolution of any grievance.
- 9) This Policy may be amended from time to time to reflect the procedures necessary to achieve PASRS' goals. Prior to the adoption of any amendment to this Policy, the proposed amendment shall be made available to all PASRS members for comment. Any proposed amendment can be adopted by majority vote of the Board 30 days after publication to PASRS' membership and shall become effective 30 days thereafter.

#### ACKNOWLEDGEMENT

Acting as an authorized agent, I hereby acknowledges receipt of PASRS Grievance Policy and agree to be bound by its provisions and the recommendations of the Ethics Committee and the Board.

Name of Business: \_\_\_\_\_

Signature of Authorized Agent: \_\_\_\_\_

Printed name of Authorized Agent: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

