Graphical user interface, text, application, chat or text message

Description automatically generated

AFFILIATION FORM

American Senior Services, Inc.

8250 Bryan Dairy Rd Suite 350

Largo, FL 33777

Scan and email form to: [chen@truefreedomhomecare.com](mailto:chen@truefreedomhomecare.com)

American Senior Services, Inc. Company is authorized to offer True Freedom Plans\* to members of the       (Name of Organizaion).

The Designated Representative will be responsible for the enrollment, collection of payment and all attendant matters relating to the program.

Organization Designated Representative:

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:

Name:       Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize the Designated Representative to offer the following True Freedom Plans\*

|  |  |  |
| --- | --- | --- |
| * BASE PLAN | * BRONZE PLAN | * SILVER PLAN |
| * GOLD PLAN | * PLATINUM PLAN |  |

**ORGANIZATION INFORMATION:**

Executive Officer or President:

Address:

Phone:       Fax:       Website:

Number of Members:       Date Organized:

Purpose of Organization:

Special Instructions:

\*True Freedom Plans are field issued contracts

American Senior Services Inc. dba True Freedom

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Name of Officer Title