

AFFILIATION FORM

American Senior Services, Inc.

8250 Bryan Dairy Rd Suite 350

Largo, FL 33777

Scan and email form to: 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

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Signature Date

Name of Officer Title