



LIFE CARE PLANNING
Law Firms Association

Application for New Membership – 2024 Calendar Year

Membership in the Life Care Planning Law Firms Association is held by the law firm rather than by an individual attorney. Member law firms may be any type (sole practice, partnership, corporation, PLC) of law firm whose attorney(s) are licensed and in good standing with the Bar Association (and regulatory agency(ies) if any) of the state(s) in which it practices, and which is engaged, or intends to be engaged, in the elder-centered holistic law practice of Life Care Planning as defined by the Association. Each applicant law firm is to identify a Representative, who is a principal, partner, or employee of the firm, who is identified and empowered as the firm's primary contact to the Association.

Applicant law firm information:

Name of law firm: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Fax: _____

Web site: _____

Date of application for membership to the Association: _____

Documentation of membership requirements:

A. **Fundamental concepts of Life Care Planning:** one of the following is required. Please check the box for the applicable requirement and provide requested information:

- a. Participation in Life Care Planning fundamentals training as approved and sponsored by the Association by at least one attorney who is an owner, partner, or employee of the firm within 45 days of becoming a member.
- b. Firm has had a Care Coordinator on staff for at least two years prior to submitting this application.
Name of Care Coordinator: _____ Date hired: _____
- c. Firm has demonstrated its commitment to elder-centered life care planning for two years prior to submitting this application. Firm has been practicing elder-centered life care planning for the past two years or more, and is fully committed to the principles and practices of Life Care Planning as defined by the Association. Signature of the pledge of commitment below affirms this commitment.

B. **Employment of care coordinator:** one of the following is required. Please check the box for the applicable requirement and provide requested information:

- a. Firm employs at least one care coordinator, care manager, or person with similar responsibilities as at least a part-time employee of the firm.
Name of person: _____ Position title: _____
E-mail address: _____
Employment status: Regular employee (full or part time)
 Relative of owner/ partner
 Contract employee whose services are committed to the firm
 Other – please describe: _____

- b. Firm does not currently employ a care coordinator but intends to hire one on at least a part-time basis within two years of approval of this application. Signature of the pledge of commitment below affirms this intent.

C. Identification of firm’s Representative to the Association:

The Representative must be an attorney who is a principal, partner, or employee of the member firm.

Name: _____ Position with firm: _____

Contact information:

Mailing address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____

E-Mail Address: _____

D. Pledge of commitment to the principles of the Association: to be made by an

owner-attorney or partner-attorney of the applicant firm.

I, or another attorney of the firm, will complete the fundamentals training program in Life Care Planning sponsored by the Association within 45 days of becoming a member and/ or the firm has practiced elder-centered life care planning for a minimum of two years. My firm understands and endorses the principles and practices of Life Care Planning as defined by the Life Care Planning Law Firms Association. My firm is committed to Life Care Planning as a holistic legal practice which anticipates and provides legal and care advocacy services to our Life Care Planning clients as their circumstances and needs change. My firm is committed to helping our Life Care Planning clients and their families navigate the long-term care and health care system, and to advocate for good care during their loved one’s journey through the elder care continuum.

My law firm is licensed and is in good standing with the Bar Associations and governmental regulatory agencies in the states in which we practice.

My firm commits to adhere to the principles and practices of Life Care Planning as defined by the Association, and to meet all responsibilities and obligations of membership in the Association.

Signature: _____ Date: _____

Name of signer: _____

Position with applicant firm: _____

E. Extraordinary circumstances to be considered when reviewing this application:

In certain extraordinary circumstances, membership may be approved when all membership requirements are not met. If this application merits consideration due to extraordinary circumstances, please identify and describe them below:

- Our State Bar Association requirements prohibit us from employing a Care Coordinator as a direct employee of our firm. We are handling the Care Coordinator responsibilities as follows:

- Other extraordinary circumstances – please describe:

F. Payment of membership fee and annual dues.

Membership fees and annual dues are good for the calendar year as described below. Membership must be renewed annually.

Membership fees and annual dues are established by the Association's Board of Directors and are subject to change.

For applicants whose application is received between November 1, 2023 and June 30, 2024 the membership fee is \$1,100.00 for membership through December 31, 2024. For applicants whose application is received between July 1, 2024 and October 31, 2024, the membership fee is \$550.00.

Life Care Planning Law Firms Association

c/o The Carlson Group, LLC

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Tucson, AZ 85749

Phone: 520-302-9253

E-mail: admin@lcplfa.org

When the application has been reviewed, its disposition will be communicated to the Representative listed in this application.