



2022 LEEP Membership Checklist

Please use this checklist to make sure you have everything that is needed. Once you have returned the items below, LEEP will send you a surprise in the mail! If you have questions, please call the LEEP office at 507-387-5122.

- Completed Membership Form (4 pages)
- Please make sure form is SIGNED & DATED
- Medication list (if applicable)
- Health information/plan (as applicable)
 - Seizure plan
 - Asthma plan
 - Fall Prevention plan
 - Allergy plan
- Current photo with date (from within the last 2 years please)
- Copy of insurance card/s
- Payment - \$55 (check / cash / card / LEEP credit)