

2023 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: |
| $\circ~\$50$ (with paperwork on/before December 31, 2022) (check / cash / card / LEEP credit |

o \$55 (with paperwork January 1, 2023 or later) (check / cash / card / LEEP credit)