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**2025 LEEP Membership Checklist**

Please use this checklist to make sure you have everything that is needed. 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 (taken within the last 2 years please)
* Copy of insurance card/s
* Payment:
	+ $50 (with paperwork on/before December 31, 2024) (check / cash / card / LEEP credit)
	+ $55 (with paperwork January 1, 2025 or later) (check / cash / card / LEEP credit)