



## **2026 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 the 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
- ☐ Completed/signed ACH form for membership payments