



## Trusted Partner Application

Thank you for your interest in joining the **305Senior Trusted Partner Network**.

This is a **membership-based program** designed to connect qualified professionals with seniors, their families, and healthcare professionals through trusted referrals and community visibility.

Please complete this application. Approved partners will be notified via email to make payment of the annual membership fee of \$480.00 paid via Zelle to: Viviana Laboy 786-326-0656. Once payment is made, a **305Senior** verified pdf stamp will be emailed to you and you will be invited to select a monthly subscription tier for extra inclusions and add-ons, if choice.

**Business Name:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone #'s:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Social Media Links:** \_\_\_\_\_

**Years in Business:** \_\_\_\_\_ **Service Area(s):** \_\_\_\_\_

**Services Offered:** \_\_\_\_\_

**Licenses/Certifications:** \_\_\_\_\_

**Insurance Provider:** (if applicable) \_\_\_\_\_

**Service Category:** (Choice one or select "other" to describe) (See Partner Categories document for more options.)

Healthcare Provider    Legal Services    Financial Services    Mobile Services    Real Estate    Hospital

Rehabilitation Center    Medical Center    Homecare Services    Home health Services    Vendor    Physician

Insurance    Senior Living    Other: \_\_\_\_\_

**Number of Employees:** \_\_\_\_\_ (Provide additional employees on a separate page)

**Name and Title:** \_\_\_\_\_

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**Do you have experience working with seniors?**      Yes      No

**How do you ensure a positive experience for seniors and their families?**

**Why do you want to partner with 305Senior?**

**What makes your service unique? Description of Services** (Explain what you offer and how you help clients).

**Are you currently part of a networking group?** (BNI, Chamber, non-profit, etc.)

**Google Reviews or Yelp Business Page Links:** \_\_\_\_\_

**References (Name + Contact + Email + relationship):**

1- \_\_\_\_\_  
\_\_\_\_\_

2- \_\_\_\_\_  
\_\_\_\_\_

**Agree to uphold 305Senior Partner Standards?**      Yes      No

**I agree to:**

- Respond to referrals promptly
- Treat seniors and families with respect
- Maintain professionalism and ethical conduct
- Avoid high-pressure sales tactics"

\_\_\_\_\_  
**Signature:**

\_\_\_\_\_  
**Date:**