

# Assisted Living Association of Alabama

## MEMBERSHIP APPLICATION

Member Name (ALF / Company) \_\_\_\_\_

Primary Representative/Contact Person \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

### ANNUAL MEMBERSHIP DUES

(Check the appropriate type of membership and provide the related information on the reverse side)

**ACTIVE MEMBER (voting)**

**\$21 per bed**

State Licensed ALFs

All facilities under common ownership must be active members.

**PROVISIONAL MEMBER (nonvoting)**

**\$200**

Facilities under development or construction – ALAA will prorate to active membership if licensed during the year.

**INDIVIDUAL MEMBER (nonvoting)**

**\$125**

Individuals affiliated with a member facility or advocates and participants of services for the elderly population in the state.

**\*\*PROCEED TO SECOND PAGE\*\***

**ASSOCIATE MEMBER (nonvoting)**

**\$500**

Any corporation or business associated with selling products or services to the assisted living industry.

**\*\*\*\* PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION \*\*\*\***

The membership fee is for a fiscal year of membership, July through June. Initial membership dues will be prorated on a quarterly basis. Upon review and approval of your membership application by the ALAA Board of Directors, you will receive a membership certificate and be officially added to the ALAA directories.

**Dues to ALAA \$ \_\_\_\_\_**

The ALAA has designated that \$1 (per bed) of your dues go directly the ALAAPAC. If you decide not to allocate \$1 (per bed) of your dues as a voluntary contribution to ALAAPAC, you must inform ALAA in writing (on this form or otherwise) when you remit your dues.

**Suggested Additional ALAAPAC Contribution (of \$50) \$ \_\_\_\_\_**

Your contributions are an investment in the ALAA's program of legislative action to improve the Assisted Living Industry in Alabama. The Board of Directors urges you to contribute to ALAAPAC to help elect candidates that share the goals, values, and interests of the Assisted Living Industry in our state. All contributions to ALAAPAC are voluntary and not a condition of membership in the ALAA and are not deductible for state or federal income tax purposes. You have the right to refuse to contribute to ALAAPAC without any reprisal.

**Total Paid to ALAA \$ \_\_\_\_\_**

**Card Type: MC [ ] Visa [ ] Discover [ ] AMEX [ ] *\*\*3% credit card processing fee will apply\*\****

**Name on Card: \_\_\_\_\_ Card Number: \_\_\_\_\_ CVV \_\_\_\_\_**

**Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_**

Mail to: Assisted Living Association of Alabama  
Post Office Box 288, Helena, Alabama 35080  
Phone (334) 262-5523 Fax (334) 262-4603

**ACTIVE MEMBER APPLICANTS, please complete:**

Administrator \_\_\_\_\_

Number of Licensed Beds \_\_\_\_\_

Have Specialty Care Unit: YES NO      If yes, how many specialty care beds? \_\_\_\_\_

Respite Care Available: YES NO

ALF is Owned by:     Individual    Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Corporation    Name \_\_\_\_\_

Contact Person /Title \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Have ALFs in what other states: \_\_\_\_\_

Medical Director's Name (if applicable) \_\_\_\_\_

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**PROVISIONAL MEMBER APPLICANTS, please complete:**

Number of beds planned for facility: \_\_\_\_\_      Type of Facility:      Traditional      Specialty Care

Facility will be owned by:       Individual       Partnership       Corporation

Projected Date of Opening: \_\_\_\_\_

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**ASSOCIATE MEMBER APPLICANTS, please complete:**

Corporate contact for exhibits, meetings, information, etc. \_\_\_\_\_

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**INDIVIDUAL MEMBER APPLICANTS, please complete:**

Are you affiliated with ANY Assisted Living Facility? Yes ( ) No ( )

If Yes, Name of Facility: \_\_\_\_\_

Are you employed by ANY business /Associate Member that sells products or provides services to ANY Assisted Living Facility? Yes ( ) No ( ) If Yes, Name of Business: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**Your Active ALAA Membership Benefits:**

- **Our Focus**-The Assisted Living Industry in Alabama
- **Governmental Affairs Program**-Christie Strategy Group and ALAAPAC Work to Protect Our Rapidly Growing Industry
- **Educational Opportunities**-Seminars, Trainings, Bi-Yearly Conferences to Educate Our Workforce
- **Networking**-We Build Strong Alliances to Support Providers & Ensure a Robust Business Environment
- **Experience & Advocacy**-Designated As the Voice of Assisted Living in Partnership with ADPH, We Advocate for Our Industry and Keep Members Informed!

As a Member of the ALAA, you have priority access and members-only rates for seminars & conferences. Members are the first to know about industry opportunities and challenges, and the ALAA meets regularly with ADPH to address member concerns. When members have regulatory, survey, or surveyor incidences or questions, we can assist in navigating the process in a warm and friendly manner. The ALAA is here for YOU!

For more information visit us at [ALAAWEB.ORG](http://ALAAWEB.ORG)