



For any company, agency or nonprofit organization that owns, manages or operates assisted living residences.

Parent Company Information

PLEASE PRINT OR TYPE

For provider companies with multiple residences only, the corporate headquarters is eligible to join for the entire company, and all residences will receive member benefits. Individual residences of larger companies may not join ALFA independently.

Company Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Website _____

CEO/President/Owner:

Name _____
 Email _____

Key/Billing Contact Person (if different from above):

Name _____
 Title _____
 Email _____

Please submit a list of all company executives who should receive ALFA member benefits, including corporate level executives, regional/divisional executives & community executive directors.

Please complete capacities for your company:

_____ Total Assisted Living Operational Resident Capacity
 (Your dues is based on this figure)*

Does Your Company Provide? (Y/N)

_____ Skilled Nursing _____ CCRC
 _____ Independent Living

Please send completed form by mail or fax to:

Assisted Living Federation of America
 P.O. Box 34701,
 Alexandria, VA 22334
 Telephone: 703-894-1805 Fax: 703-894-1831
<http://www.alfa.org>

Community Information

PLEASE PRINT OR TYPE

Please complete the following section with all properties owned/managed by your company. For additional space, please attach another sheet with the same information.

Community Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Executive Director _____
 Email _____

Community Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Executive Director _____
 Email _____

Community Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Executive Director _____
 Email _____

Dues Calculation Information:

Total Assisted Living Operational Resident Capacity: _____
 x \$11 per capacity
 Total ALFA dues \$ _____
 (NOTE: Minimum dues: \$550)

* Please make sure you include your email address so that we can send an invoice directly to you.