

# Associate Membership Application



**MORE BENEFITS**

{ VALUE }





**HIGHER VISIBILITY**



For any company, vendor, supplier, wholesaler, agency or organization, proprietary or nonprofit, that does NOT own, manage or operate an assisted living residence. **Please select your choice of ALFA membership type below:**

**PRESIDENT'S COUNCIL MEMBER**  
ANNUAL MEMBERSHIP DUES\*: \$ 5,500

**ASSOCIATE MEMBER**  
ANNUAL MEMBERSHIP DUES\*: \$ 1,095

**COMPANY INFORMATION**

**\*PLEASE PRINT OR TYPE\***

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

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

Email \_\_\_\_\_

Website \_\_\_\_\_

**CEO/President's Name** \_\_\_\_\_

Email \_\_\_\_\_

**Key Contact Person** \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

**Billing Contact** (if different) \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

**EMPLOYEE ROSTER**

**\*PLEASE PRINT OR TYPE\***

*To Ensure You Receive Full Member Benefits:*

**Please submit a list of additional employees you would like to receive ALFA MEMBER BENEFITS. For additional names, please attach a typed list with the employee name, title and Email.**

**Name** \_\_\_\_\_  
Title \_\_\_\_\_  
Email \_\_\_\_\_

**Name** \_\_\_\_\_  
Title \_\_\_\_\_  
Email \_\_\_\_\_

**Name** \_\_\_\_\_  
Title \_\_\_\_\_  
Email \_\_\_\_\_

**Name** \_\_\_\_\_  
Title \_\_\_\_\_  
Email \_\_\_\_\_

**Name** \_\_\_\_\_  
Title \_\_\_\_\_  
Email \_\_\_\_\_

**PAYMENT INFORMATION**

**Charge my: VISA MasterCard AMEX**

Account Number: \_\_\_\_\_

Name: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

**My check is enclosed** (payable to **ALFA**. Please mail or Fax to ALFA.)

**COMPANY DISCIPTION**

Please attach a brief description of your company.  
(100 words max.)

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

***\*Membership dues is subject to change without notice***

