



## APPLICATION FOR INDIVIDUAL MEMBERSHIP

**INDIVIDUAL:** Seniors, family members and individuals seeking employment who are **not associated** with a company that owns, manages or operates an assisted living residence.

**MEMBER INFORMATION:** Please print or type your company's contact information. The contact person will be the official Mass-ALA contact and will receive the Mass-ALA benefits for the company.

DATE \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

TITLE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

HOW DID YOU HEAR ABOUT MASS-ALA? \_\_\_\_\_

**PAYMENT INFORMATION:** Individual membership dues are calculated on a calendar year, January to December. Those who join from 10/1–12/31 will join for the coming year and receive the rest of the current year at no cost. New member dues are prorated quarterly as follows (please circle):

MEMBERSHIP FEE	JOINING BETWEEN 10/1 AND 3/31	JOINING BETWEEN 4/1 AND 6/30	JOINING BETWEEN 7/1 AND 9/30	TOTAL DUES \$ _____
\$130	\$130	\$98	\$65	

**PAYMENT METHOD**

- CHECK ENCLOSED payable to Mass-ALA    
  MASTERCARD    
  VISA  
 AMERICAN EXPRESS    
  CORPORATE CREDIT CARD    
  PERSONAL CREDIT CARD

NAME OF COMPANY IF A CORPORATE CREDIT CARD \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE (MM/YY) \_\_\_\_\_ 3- OR 4-DIGIT CODE (ON BACK OF CARD) \_\_\_\_\_

CARDHOLDER NAME \_\_\_\_\_ CARDHOLDER SIGNATURE \_\_\_\_\_

EMAIL \_\_\_\_\_