



APPLICATION FOR PROVIDER MEMBERSHIP

PROVIDER - A certified assisted living residence, of 19 or more units, in good standing with the state and currently in operation.

MEMBER INFORMATION - Please print or type below your residence's contact information. The contact person you list will be the official Mass-ALA contact and will receive the Mass-ALA benefits for the residence.

DATE _____

RESIDENCE _____

CONTACT PERSON _____

TITLE _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

PHONE _____ **FAX** _____

EMAIL _____ **WEBSITE** _____

HOW DID YOU HEAR ABOUT MASS-ALA? _____

PAYMENT INFORMATION - Provider membership dues are calculated on a calendar year, January to December. New member dues are prorated on a monthly basis. **If your residence previously joined as a pre-provider, the \$420 payment paid at the time of joining will be deducted from the total membership cost by Mass-ALA.**

MEMBERSHIP FEE
Base fee \$300
Number of units X by \$55
Total base fee - \$300 + \$55 per unit = Total Dues

_____ **NUMBER OF UNITS X \$55 =** _____

\$ Base Fee \$ 300

TOTAL DUES \$ _____

PAYMENT METHOD

- CHECK ENCLOSED
 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 _____