

## 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 **or a company** that does business with assisted living residences.

ORGANIZATION\_\_\_\_\_

DATE\_

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.

CONTACT PERSON				
TITLE				
CITY		STATE	ZIP CO	DE
ADDRESS				
PHONE	FAX			
EMAIL	WEBSITE			
HOW DID YOU HEAR AI	BOUT MASS-ALA?			
	join from 10/1–12/3	31 will join for the co	oming year and recei	a calendar year, January ve the rest of the current
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 METHODE CHECK ENCLOSED payable to Mass-ALA		RCARD	■ VISA	
■AMERICAN EXPRE	SS CORPOR	RATE CREDIT CAP	RD PERSO	NAL CREDIT CARD
NAME OF COMPANY I	E A CODDODATE CE	DEDIT CADD		
CARD NUMBER		·		
				TV OF CARD)
EXPIRATION DATE (MM/YY)3- OR 4-DIGIT CODE (ON BACK OF CARD) _  CARDHOLDER NAMECARDHOLDER SIGNATURE				•
		САКИНО	LDEK SIGNA I UKE	
EMAIL				