



## 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 \$58
Total base fee - \$300 + \$58 per unit = Total Dues

\_\_\_\_\_ **NUMBER OF UNITS X \$58 =** \_\_\_\_\_

\$ 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 \_\_\_\_\_

PLEASE RETURN APPLICATION AND PAYMENT TO MASS-ALA, **Liz Picardi, Executive Assistant**

465 Waverley Oaks Road, Suite 300, Waltham, Ma 02452 | LPicardi@mass-ala.org | 781-622-5999 (T) | 781-622-5979 (F)