



APPLICATION FOR PRE-PROVIDER MEMBERSHIP

PRE-PROVIDER - An assisted living residence that is planned or under construction but not yet in operation.

MEMBER INFORMATION - Please print or type below your residence's contact information. The contact person 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? _____

EXPECTED OPEN DATE (APPROXIMATE) _____ **# AL UNITS/ SPECIAL CARE UNITS** _____

PAYMENT INFORMATION - Pre-Provider membership dues expires once the residence opens and is moving in residents. The membership fee will be reimbursed when the membership is converted to full provider status. Pre-Provider's membership fee is not pro-rated.

MEMBERSHIP FEE	JOINING BETWEEN 10/1 AND 3/31	JOINING BETWEEN 4/1 AND 6/30	JOINING BETWEEN 7/1 AND 9/30
Pre-Provider	\$420	\$420	\$420
*Additional Member(s) \$200 Per Person	\$200	\$150	\$100

*Additional staff may also receive Mass-ALA benefits by joining as additional members for a fee of \$200/additional member. Please include names and contact information on the second page.

MEMBERSHIP RATE \$ _____

NUMBER OF ADDITIONAL MEMBERS _____ X ADDITIONAL MEMBER RATE \$ _____ = \$ _____

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, **Martha Chamberlin, Manager of Membership**

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