



APPLICATION FOR PROVIDER MEMBERSHIP

PROVIDER - A certified assisted living residence 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 has already joined as a pre-provider please deduct the \$420 payment from the total cost.**

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|---|
| MEMBERSHIP FEE |
| Base fee \$300 |
| Number of units X by \$45 |
| Total base fee + \$45 per unit = Total Dues |

*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.

_____ NUMBER OF UNITS X \$45 = \$ _____

BASE FEE \$ _____ 300 _____

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)