

Pennsylvania Assisted Living Association

MEMBERSHIP APPLICATION

PENNSYLVANIA'S ONLY ASSOCIATION DEDICATED *EXCLUSIVELY* TO PERSONAL CARE HOMES AND ASSISTED LIVING RESIDENCES

A PALA member is any company or individual that owns, manages, or operates an Assisted Living Residence or Personal Care Home in the state of Pennsylvania. You may return this form via mail, fax, or email, along with your payment option, to the PALA offices at:

Pennsylvania Assisted Living Association (PALA)
105 North Front Street, Suite 106 Harrisburg, PA 17101
Phone: 717.695.9734 Fax: 717.695.9735 Email: mzelenak@pala.org

Company/Member Name: _____

Contact Person/Title: _____

Address: _____

City/State/Zip: _____

Is physical address and billing address the same: Yes _____ No _____

If different, please provide relevant information: _____

Telephone Number: _____ Billing email: _____

Company Website: _____

Staff to receive email updates from PALA:

Name: _____ Email: _____

Name: _____ Email: _____

PALA Membership Fee Structures: Bed Charge is based on RESIDENT CAPACITY

Please check one of the following:

_____ Less than 15 beds Flat Rate \$100.00 Total = \$100.00

_____ More than 15 beds _____ beds @ \$15 per bed Total = \$ _____

Payment Method: _____ Check

Credit Card: _____ Visa _____ MC _____ Amex _____ Discover

Credit Card No: _____ Amount: _____

Name As it appears on Credit Card: _____ Expiration Date: _____ CVV _____

CC Billing Address: _____

Signature of Cardholder: _____

Date: _____

Your Signature acknowledges that you in good faith represent and warrant that you have the right, power, legal capacity and appropriate authority to enter into this agreement.