



ASSOCIATE MEMBERSHIP APPLICATION

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FALA Associate Membership is available to any firm, corporation or partnership not owning, administering or managing an ALF or AFCH and that provides goods or services to the assisted living industry. Associate Members may participate in all Association activities, but are limited in their voting privileges as set forth in Article VI of the FALA By-Laws. Members receive one complimentary listing in FALA's Annual Membership Directory and Online Directory based on the information provided in this application. Additional Company Location memberships are available to fully paid Associate Members that want to list more than one location; each location must be owned and operated under the same legal name.

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Tel: _____ Fax: _____ Website: _____

Primary Contact: _____ Title: _____

Email: _____ Tel: _____

Please provide the names, titles and email addresses of any additional contacts on a separate sheet.

Submitted By: _____ Email: _____

Referred By: _____ Application Date: _____

2020 ANNUAL MEMBERSHIP DUES

Payment of the full annual dues amount must be submitted with the application. All memberships are set on a calendar year and renewals/annual dues payments are due January 1 of each year. If joining mid-year, a prorated credit will be applied to the annual dues for the next membership year. Membership includes company logo and enhanced listing in FALA's Online Directory for one company address/location. If multiple addresses are to be listed, submit a separate application for each Additional Company Location along with the \$150.00 additional dues.*

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|---|-------------------------------------|----------|
| <input type="checkbox"/> Associate Membership Dues | \$500.00 | \$ _____ |
| <input type="checkbox"/> Additional Company Location* | \$150.00 x _____ Location(s) | \$ _____ |
| TOTAL DUES: | | \$ _____ |

Payment Method: Check (made payable to Florida Assisted Living Association or FALA) [FEIN #01-0549750]
 Visa MasterCard American Express Authorized Amount \$ _____

Credit Card #: _____ Exp. Date: _____ Security Code: _____

Name on Card: _____

Card Billing Address: _____

Authorized Signature: _____ Date: _____

Submit Application and Dues Payment to: Florida Assisted Living Association

Attn: Tammi Wathen, Executive Director of Strategic Partnerships & Events
 1618 Mahan Center Blvd., Suite 103, Tallahassee, FL 32308
 Email: tammi@fala.org • Tel: 850-383-1159 • Fax: 850-224-0448 • www.fala.org

The Florida Assisted Living Association (FALA) is a non-profit association promoting assisted living as a vital part of the long term care continuum. Payments, contributions, or gifts to FALA are not tax deductible as charitable contributions for Federal income tax purposes. However, net dues payments may be deductible as an ordinary and necessary business expense subject to restrictions imposed as a result of lobbying activities. FALA estimates that the non-deductible portion of dues allocable to lobbying is 25%.

