



CONDITIONAL FACILITY MEMBERSHIP APPLICATION

FALA Conditional Membership is limited to Assisted Living Facilities (ALFs) and Adult Family Care Homes (AFCHs) who are **not yet licensed** by the State of Florida but who are in the licensing application process or, at a minimum, are under development/construction and anticipate being licensed **within a year** of joining FALA. Conditional Members have no member voting privileges but are eligible for other member benefits based on their membership level. Conditional membership is available for 12 months or until the facility is licensed, whichever occurs first. Once licensed, conditional membership status may be upgraded to full membership at the standard dues structure (calculated on the number of licensed beds). An invoice for any prorated net dues balance will be issued at that time and member voting privileges will be instated upon payment.

Facility Type: Assisted Living Facility (ALF) Adult Family Care Home (AFCH)

Anticipated Opening Date: _____ Anticipated Number of Licensed Beds: _____

Facility/Licensee Name: _____

Facility Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Website: _____

Owner: _____

Management Company, if any: _____

Facility Administrator: _____ Email: _____

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

Submitted By: _____ Email: _____

Referred By: _____ Application Date: _____

2019 CONDITIONAL MEMBERSHIP DUES

Select your preferred membership level below.

- Level I** (*limited benefits; no consulting*) **\$200.00**
- Level II** (*full member benefits*) **\$500.00**

Payment Method: <input type="checkbox"/> Check (made payable to Florida Assisted Living Association or FALA)
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> 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, Director of Membership
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 26%.