



## FACILITY MEMBERSHIP APPLICATION

**FALA Facility Membership is available to any individual, firm, corporation or partnership owning, operating or managing a Florida state-licensed Assisted Living Facility (ALF) or Adult Family Care Home (AFCH) in Florida.** (NOTE: Facilities that are under development and not yet licensed but anticipate being licensed within one year may apply for a Provisional Membership. Contact the FALA office for a Provisional Facility Membership Application and dues information.)

Licensed Facility Name: \_\_\_\_\_

Facility Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Website: \_\_\_\_\_

Number of Licensed Beds: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Specialty License, if any:     ECC             LMH             LNS

Owner: \_\_\_\_\_

Management Company, if any: \_\_\_\_\_

Facility Administrator: \_\_\_\_\_

Title: \_\_\_\_\_ 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: \_\_\_\_\_

### 2020 ANNUAL MEMBERSHIP DUES

Select the appropriate dues level based on the facility type and number of licensed beds. **Payment of the full annual dues amount must be submitted with the application.** All memberships are set on a calendar membership 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.

- |   |                 |
|---|-----------------|
| <input type="checkbox"/> <b>Adult Family Care Home</b>  | <b>\$200.00</b> |
| <input type="checkbox"/> <b>ALF 10 or Fewer Beds</b>  | <b>\$250.00</b> |
| <input type="checkbox"/> <b>ALF 11-16 Beds</b>  | <b>\$325.00</b> |
| <input type="checkbox"/> <b>ALF 17 or More Beds: _____ Beds x \$13.00 + \$175.00 Base Fee</b> | <b>\$ _____</b> |

**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](mailto:tammi@fala.org) • Tel: 850-383-1159 • Fax: 850-224-0448 • [www.fala.org](http://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%.