



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: _____

2021 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"/> Adult Family Care Home | \$200.00 |
| <input type="checkbox"/> ALF 10 or Fewer Beds | \$250.00 |
| <input type="checkbox"/> ALF 11-16 Beds | \$325.00 |
| <input type="checkbox"/> ALF 17 or More Beds: _____ Beds x \$13.00 + \$175.00 Base Fee | \$ _____ |

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