



PROVISIONAL **FACILITY MEMBERSHIP APPLICATION**

FALA Provisional 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. Provisional Members have no member voting privileges but are eligible for other member benefits. Provisional membership is available for 12 months or until the facility is licensed, whichever occurs first. Once licensed, membership status will 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: _____

2021 PROVISIONAL FACILITY MEMBER DUES

Select your appropriate membership level below.

- Level I** (*Facilities with less than 17 beds*) **\$200.00**
- Level II** (*Facilities with 17 or more beds*) **\$500.00**

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| <p>Payment Method: <input type="checkbox"/> Check (made payable to Florida Assisted Living Association or FALA)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express Authorized Amount \$ _____</p> <p>Credit Card #: _____ Exp. Date: _____ Security Code: _____</p> <p>Name on Card: _____</p> <p>Card Billing Address: _____</p> <p>Authorized Signature: _____ Date: _____</p> |
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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