



MEMBERSHIP APPLICATION - AFFILIATE MEMBER

Any company, vendor, supplier, wholesaler, agency or organization, proprietor or non-profit, that does not manage or operate an assisted living residence.

Corporate Information

Please attach or email a List of **corporate executives** to ensure the provision of member benefits.

Company Name _____

CEO/President _____

Address _____

City _____

State _____

Zip Code _____

Phone Number _____

Fax Number _____

Website _____

Key Contact

Include name, full title, mailing address, phone number, fax number and email address.

Name _____

Title _____

Email _____

Billing Contact *if different from key contact*

**New York ALFA
affiliate membership
dues are
\$500.00 per year**

*Please make checks
payable to:
NY ALFA
c/o Hodes & Landy
284 State Street
Albany, NY 12210*

Name _____

Title _____

Email _____

****Membership commences upon receipt of full payment****

*If paying with credit,
please use sheet attached*

*Any questions, please contact, Courtney David
at 518-465-8303 or cdavid@nyalfa.org*