



## Membership Application – Provider Member

*Any company that manages or operates professionally managed assisted living communities for seniors. This includes new communities under construction.*

### Corporate Information

Company Name \_\_\_\_\_

CEO/President \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Website \_\_\_\_\_

### Key Contact

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

### Billing Contact *if different from key contact*

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

**New York ALFA membership dues are \$28.00 x Total assisted living resident capacity.**

Total AL Resident Capacity \_\_\_\_\_

NY ALFA Membership dues \_\_\_\_\_

Method of Payment \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Please attach or email a list of **corporate executives, regional/divisional directors and community administrators**, to ensure the provision of member benefits.

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

New York ALFA  
c/o Hodes & Landy  
284 State Street  
Albany, NY 12210  
Phone: 518.465.8303  
Fax: 518.465.8320

Please submit this form via fax or mail to the attention of Courtney David.  
Make checks payable to **NY ALFA**. Membership commences upon receipt of full payment.