

## Texas Assisted Living Association

### 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 \_\_\_\_\_

Please attach or email a list of corporate executives, regional/divisional directors and community administrators, to ensure the provision of membership benefits. Include name, full title, community name, telephone number, fax number and email address.

Submit this form via fax or mail. Make checks payable to Texas Assisted Living Association. Membership commences upon receipt of full payment.

#### Key Contact

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Email \_\_\_\_\_

#### Billing Contact

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Email \_\_\_\_\_

**Texas Assisted Living Association membership dues are \$25 x total assisted living resident capacity.**

Total AL resident capacity \_\_\_\_\_ X \$25.00 =  
\_\_\_\_\_ (TALA membership dues)

TALA accepts company checks and major credit cards for payment.

- American Express
- Mastercard
- Visa
- Company check

Credit card number \_\_\_\_\_  
Credit card expiration date \_\_\_\_\_  
Total amount to be charged \$ \_\_\_\_\_  
Cardholder Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Texas Assisted Living Association  
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