

Texas Assisted Living Association

Membership Application - Vendor

Any company, vendor, supplier, agency or organization, proprietary or nonprofit that does not manage or operate an assisted living residence

Corporate Information

Company Name _____

CEO/President _____

Address _____

City _____

State _____

Zip Code _____

Phone Number _____

Fax Number _____

Website _____

Key Contact

Name _____

Title _____

Email _____

Billing Contact

Name _____

Title _____

Email _____

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.

Texas Assisted Living Association vendor membership dues are \$500 per year

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 _____

Phone number _____

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