



# INSTRUCTIONS

Congratulations on choosing to belong to WALA in 2010! If you have questions, contact Sarah Bass, Member Services Director, by phone at 608/442-0375 or by e-mail at [sbass@ewala.org](mailto:sbass@ewala.org).

## Contact Information

Fill out for the corporate contact who will communicate with WALA.

## Membership Type

Select one of the following membership types:

### *Provider Member*

A provider member is a company or individual that owns or operates an assisted living facility. Fill in the total number of facilities you own or operate, and the total number of DQA licensed beds at all facilities. Make sure to fill out a **Facility Detail Form** for each (see below).

There are two dues payment options for provider members. You can pay in full, or you may choose to spread your dues over four payments. There is an administrative charge for the payment plan of 50 cents per bed (see **Payment of Dues** below).

### *Associate Member*

An associate member is a business or organization that provides a service to the assisted living industry, or is developing (but does not own or operate) an assisted living facility. Dues depend on whether your gross annual sales are less than \$1 million, or \$1 million or more (see **Payment of Dues** below). For your eWALA website listing, select the category that best fits your business or organization.

### *Supporting Partner*

A supporting partner is a government official or agency, non-profit organization or individual involved with long-term care or assisted living that does not own or operate an assisted living facility.

### *Student Member*

A student member is a currently enrolled associate, baccalaureate or graduate student interested in a career in the assisted living industry. The application must include proof of enrollment, such as a tuition statement or copy of a university ID.

## Payment of Dues

Using the **Membership Dues** on the next page, determine the amount due with this application. Select a payment method. If you are paying by credit card, fill in your credit card number, the month and year it expires, and your signature. If paying by cash, check or money order, don't forget to include your payment!

## Facility Detail Form

Provider members must fill out a **Facility Detail Form** for each facility they own or operate. Fill in the *Contact Information* for the person at that facility who will communicate with WALA. For *Licensing Information*, fill in the total number of beds there and check all the types of care your facility is licensed by DQA to provide.



# WALA MEMBERSHIP DUES

Effective September 1, 2009  
for the 2010 calendar year

## Provider Member

### Payment Plan A

Dues: **\$18.00/bed**

### Payment Plan B

Each payment: **\$9.25/bed**

First payment due with application

Second Payment due April 15, 2010

### Payment Plan C

Each payment: **\$4.75/bed**

First payment due with application

Remaining payments due

Jan. 1, Mar. 1, and Jul. 1

## PROVIDER MEMBER PAYMENT WORKSHEET

|                         |      |
|-------------------------|------|
| Total number<br>of beds |      |
| Payment<br>per bed      | × \$ |
| Total<br>payment        | \$   |

## Associate Member

### Gross annual revenue

Less than \$1 million: **\$565.00**

\$1 million or more: **\$775.00**

**Supporting Partner: \$100.00**

**Student: \$25.00**



# WALA MEMBERSHIP APPLICATION

Rev. 9/1/09

Please fill out completely. Type or print in BLUE or BLACK ink only.

## Contact Information – Fill out for the *primary corporate contact* who will communicate with WALA

|                   |  |       |  |
|-------------------|--|-------|--|
| Corporate Name    |  |       |  |
| Corporate Contact |  | Title |  |
| Address           |  |       |  |
| City, State ZIP   |  |       |  |
| Phone             |  | Fax   |  |
| E-mail            |  |       |  |
| Website           |  |       |  |

Reason you decided to join WALA?

## Membership Type – Select one

*WALA has determined that 1% of membership dues are non-deductible due to lobbying activities*

|  |                                   |  |                                   |
|--|-----------------------------------|--|-----------------------------------|
| <input type="checkbox"/> <b>Provider Member</b> – Company/individual who owns/operates an assisted living facility |                                   |  |                                   |
| Total number of facilities   |                                   | <i>Complete <u>one</u> copy of the attached</i>      |                                   |
| Total number of beds   |                                   | <i>Facility Detail Form for <u>each</u> facility</i> |                                   |
| Dues payment plan  | <input type="checkbox"/> <b>A</b> | <input type="checkbox"/> <b>B</b>                    | <input type="checkbox"/> <b>C</b> |
| Non Profit Provider? Yes <input type="checkbox"/>  | 1 payment of <b>\$18.00/bed</b>   | 2 payments of <b>\$9.25/bed</b>                      | 4 payments of <b>\$4.75/bed</b>   |

**Associate Member** – Business/organization providing a service to the assisted living industry

|                      |  |  |
|----------------------|--|--|
| Gross annual revenue | <input type="checkbox"/> Less than \$1 million | <input type="checkbox"/> \$1 million or more |
|                      | Dues: <b>\$565</b>                             | Dues: <b>\$775</b>                           |

Category for eWALA website listing (first one free; additional categories \$50 each)

|   |   |
|---|---|
| <input type="checkbox"/> Building and design                | <input type="checkbox"/> Insurance  |
| <input type="checkbox"/> Consulting, training and marketing | <input type="checkbox"/> Legal services                                   |
| <input type="checkbox"/> Employment and temporary services  | <input type="checkbox"/> Pharmaceuticals, medical supplies and purchasing |
| <input type="checkbox"/> Finance and real estate            | <input type="checkbox"/> Residential services                             |
| <input type="checkbox"/> Furnishings                        | <input type="checkbox"/> Technology services                              |

**Supporting Partner** – Gov't official, other individual supporting assisted living Dues: **\$100**

**Student** – Currently enrolled student (submit proof of enrollment) Dues: **\$25**

## Payment of Dues – Select a payment method *Don't forget to include your payment with this form!*

|                |  |   |  |
|----------------|--|---|--|
| Amount         | \$   |   |  |
| Payment method | <input type="checkbox"/> Cash  | <input type="checkbox"/> Check/money order payable to <b>WALA</b> |  |
|                | <input type="checkbox"/> Credit card (Mastercard, Visa, Discover, or American Express) |   |  |
|                | Number   | Expires   |  |
|                | Signature  |   |  |

*By signing, you agree that WALA may charge your credit card in the amount shown. If you have selected the payment plan, you further agree that WALA may charge future payment(s) to your card within 15 days of the date(s) due.*

Send completed forms and payment to:  
WALA  
Attn: Member Services  
2875 Fish Hatchery Rd  
Madison, WI 53713



# FACILITY DETAIL FORM

Rev. 9/01/09

Please fill out completely. Type or print in BLUE or BLACK ink only.

## Contact Information – Fill out for the *primary facility contact* who will communicate with WALA

|                  |  |       |  |
|------------------|--|-------|--|
| Corporate Name   |  |       |  |
| Facility Name    |  |       |  |
| Facility Contact |  | Title |  |
| Address          |  |       |  |
| City, State ZIP  |  |       |  |
| County           |  |       |  |
| Phone            |  | Fax   |  |
| E-mail           |  |       |  |
| Website          |  |       |  |

## Licensing Information – As licensed by the Office of Quality Assurance

Total number of beds

License type(s) – Check all that apply

**Community-Based Residential Facility (CBRF)**

- |   |  |
|---|--|
| <input type="checkbox"/> Advanced Aged                        | <input type="checkbox"/> Developmentally Disabled  |
| <input type="checkbox"/> Alzheimer's and Dementia             | <input type="checkbox"/> Terminally Ill            |
| <input type="checkbox"/> Emotionally Disturbed/Mental Illness | <input type="checkbox"/> Physically Disabled       |
| <input type="checkbox"/> Alcohol or Drug Dependent            | <input type="checkbox"/> Pregnant Women/Counseling |
| <input type="checkbox"/> Correctional Clients                 | <input type="checkbox"/> Persons with AIDS         |
| <input type="checkbox"/> Traumatic Brain Injury               |  |

**Adult Family Home (AFH)**

- |   |  |
|---|--|
| <input type="checkbox"/> Advanced Aged                        | <input type="checkbox"/> Developmentally Disabled  |
| <input type="checkbox"/> Alzheimer's and Dementia             | <input type="checkbox"/> Terminally Ill            |
| <input type="checkbox"/> Emotionally Disturbed/Mental Illness | <input type="checkbox"/> Physically Disabled       |
| <input type="checkbox"/> Alcohol or Drug Dependent            | <input type="checkbox"/> Pregnant Women/Counseling |
| <input type="checkbox"/> Correctional Clients                 | <input type="checkbox"/> Persons with AIDS         |
| <input type="checkbox"/> Traumatic Brain Injury               |  |

**Resident Care Apartment Complex (RCAC)**

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Certified | <input type="checkbox"/> Registered |
|------------------------------------|-------------------------------------|