



Associate Membership Application

Business/Organization providing a service to the Assisted Living Industry.
Please fill out completely. Type of print in Blue or Black ink only.

Company Name			
Address			
City	State	Zip	
Phone	Fax		
Corporate Contact			
Title			
Website			
*Email			
Reason you are joining WALA?			
75 Word Description of your company (to be posted on www.ewala.org):			
Category for WALA Website www.ewala.org listing (first one free; additional categories: \$50.00 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"/>	Furnishing	<input type="checkbox"/>	Technology Services

*By giving WALA your email you are opting-in for email communications. Check any of the following boxes to opt out. News Blasts Promotional Emails Vendor Listings

Other Contacts

Contact Name	
Title	
*Email	
Contact Name	
Title	
*Email	
Contact Name	
Title	
*Email	

Payment of Dues: <i>Select a payment method. Don't forget to include your payment with this form! WALA has determined that 1% of membership dues are non-deductible due to lobbying activities.</i>	
Total Amount Due: By Gross Annual Revenue <i>Less than \$250,000 Dues: \$250</i> <i>\$250,000 to \$1 Million Dues: \$565</i> <i>More than \$1 Million Dues: \$775</i>	\$
Cash Check (Made out to WALA) Credit Card (<i>MasterCard, Visa, Discover, or American Express</i>)	
Number	Expires
Signature	
<i>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 payments to your card within 15 days of the date(s) due.</i>	

Please send completed form by mail or fax to:
 Wisconsin Assisted Living Association
 P.O. Box 7730, Madison, WI 53707-7730
 608/288-0246 FAX: 608/288-0734