



# Provider Membership Application

For a Company/Individual who owns/operates an Assisted Living Facility.  
Please fill out completely. Type of print in Blue or Black ink only.

## Company Information For each Facility fill out form on back $\implies$

Company Name				
Address				
City		State		Zip
Phone		Fax		
*Email				
Website				
CEO/President's Name				
*Email				
Primary Contact for WALA				
Title				
*Email				
Billing Contact (if different)				
Title				
*Email				
Reason You Are Joining WALA?				
75 Word Description of your Company (to be posted on <a href="http://www.ewala.org">www.ewala.org</a> ):				

\*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  Potential Vendors

Number of Facilities	
Total Number of Beds	
Payment Plans—Choose One <b>Minimum payment of dues is \$50.00</b>	
A	1 payment \$18.50/ bed
B	2 payments of \$9.50/bed
C	4 payments of \$4.75/bed

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: <i>Multiply total beds by payment plan amount.</i>	\$
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> 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



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## Facility Information Please fill out for each facility.

Facility Name				
Address				
City		State		Zip
Phone		Fax		
County				
Facility Contact				
Title				
*Email				
75 Word Description of your facility (to be posted on <a href="http://www.ewala.org">www.ewala.org</a> ):				

Number of Beds		Licensing Information— As licensed by the Bureau of Assisted Living	
Type of Facility		Advanced Aged	Developmentally Disabled
AFH		Alzheimer's and Dementia	Terminally Ill
CBRF		Emotionally Disturbed/Mental Illness	Physically Disabled
RCAC		Alcohol or Drug Dependent	Pregnant Women/Counseling
<input type="checkbox"/> Registered	<input type="checkbox"/> Certified	Correctional Clients	Persons with AIDS
		Traumatic Brain Injury	

### Other Contacts

Contact Name	
Title	
*Email	

Contact Name	
Title	
*Email	

Contact Name	
Title	
*Email	

Contact Name	
Title	
*Email	

Contact Name	
Title	
*Email	

Contact Name	
Title	
*Email	