



Provider Member Application

Assisted Living Community Name _____

Contact Person/Title _____

Street Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____ Email _____ Website _____

Key Staff

Name _____ Title _____ Email _____

Name _____ Title _____ Email _____

Name _____ Title _____ Email _____

Total Number Assisted Living: _____ units (____ # Residential Care)

Parent Company Name _____

Parent Company Contact _____

Street Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____ Email _____ Website _____

State of Indiana Legislative Information

Indiana State Legislative Districts of the facility: _____ House # _____ Senate # _____

State Senator _____ State Representative _____

Dues

A Provider Member is an assisted living community. In Indiana that includes Residential Care Facilities and/or simply Housing with Services Establishments. The 2010 dues rate has been rolled back to the 2007 level of \$21 per unit. Members that have never belonged to the association receive a 50% discount the first year of membership.

Dues may accompany this application or an invoice may be requested. The membership term is January to December 31. Please complete one form for each community owned or operated in Indiana.

Checks are payable to: **Indiana Assisted Living Federation of America.**
PO Box 68829
Indianapolis, IN 46268

If you have any questions, contact INALA at 317-733-2390. We thank you!