



Provider Membership Application

Provider: Any person or legal entity that is an owner, operator, manager, or developer of an assisted living community, senior housing community, or similar type of residence.

***Fee Structure:** \$25.00 per licensed unit or a minimum of \$425.00 per location for fewer than 17 licensed units.

Community _____ No. Licensed Units (per comm.) # _____

Contact Person _____ Title _____

Mailing Address _____ City _____ State _____ ZIP _____

Phone _____ ext. _____ Fax _____ E-mail _____

No. of licensed units _____ X \$25 = \$ _____ Dues Amount*(enclose check with form)

Corporation/Parent Company _____

Contact Person _____ Title _____

Mailing Address _____ City _____ State _____ ZIP _____

Phone _____ ext. _____ Fax _____ E-mail _____

Multiple Communities: Use one sheet per community or attach a listing of all communities to this sheet. Please include all communities under your management or ownership, including your corporate office/parent company if applicable. List one person per community to serve as the primary member/contact. One primary member/contact at each community receives all GSLA mail. All employees at each community are eligible for member rate for conferences, luncheons and product pricing.

Payment Information:

- I have enclosed a check payable to **Georgia Senior Living Association** (Address below)
- I would like to arrange a payment schedule. (Please call 678-407-2060.)
- I would like to pay by credit card, please contact me at _____.

Please mail payment and application to:

ALSO, please fax a copy to:

Georgia Senior Living Association (GSLA)
2023 Grayson Highway, Suite 202-A
Grayson, GA 30017

678-407-2002

If we have questions about this application, whom should we contact?

Name (please print) _____ Phone No. _____

Questions: Contact Genia Ryan, President/CEO: Voice 678-407-2060 or Fax 678-407-2002