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**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:** $30.00 per licensed unit or a minimum of $600.00 per location for fewer than 20 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 $30 =**  **$\_\_\_\_\_\_\_ Dues Amount\*(enclose check with form)**

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* **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) 678-407-2002

**P.O. Box 986**

**Grayson, GA 30017**

#### 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

GSLA estimates that 16% of provider dues are not deductible due to lobbying activities on behalf of its members.