

Provider Membership Application

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

***Fee Structure:** \$30.00 per state-licensed unit

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

Main Contact _____ Title _____

Mailing Address _____ City _____ State ___ ZIP _____

Phone _____ ext. _____ Main Contact E-mail _____

Number of state-licensed units _____ **x \$30 = \$** _____ **Total Membership Dues**

Corporation/Parent Company _____

Main Contact _____ Title _____

Mailing Address _____ City _____ State ___ ZIP _____

Phone _____ ext. _____ Main Contact E-mail _____

Multiple Communities:

- Use one page per community or attach a list of all communities under one parent company.
- Include the corporate office/parent company and all communities under that management.
- Provide one person per community to serve as the primary GSLA member/contact.
- All employees at each member community are eligible for member benefits.

Payment Information:

- I have enclosed a check payable to: **Georgia Senior Living Association, Inc.**
- I would like to pay by credit card, please contact me at _____.

GSLA estimates that 12% of provider dues are not deductible due to lobbying activities on behalf of its members.

Immediately remit payment to:

Georgia Senior Living Association, Inc.
2774 Cobb Pkwy, NW
Suite 109 #359
Kennesaw, GA 30152

Email completed application(s) to: memberservices@gasla.org

Questions?

Connect with Rita Lowery, Director of Member Services, memberservices@gasla.org or 678.407.2060.