**Graphical user interface

Description automatically generated**

**Industry Partner Membership Application**

$1,000.00 Annually

***Industry Partner Membership*** is open to any company or corporation that provides goods, services to the senior living industry, or has an interest or involvement in the industry but does not own, operate, or manage a senior living facility. All employees of industry partner companies are eligible for the GSLA member rate for conferences, networking, educational and other events.

The membership is January through December. GSLA estimates that 10% of industry partner member dues are not deductible due to lobbying activities on behalf of its members. Be sure to get the most from your membership through the member portal, committee involvement, networking and more!

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**COMPANY NAME**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRODUCT/SERVICE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS CITY, STATE, ZIP

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT PERSON NAME TITLE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE FAX

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EMAIL ADDRESS WEBSITE

**Payment Information:**

* I have enclosed a checkpayable to: **Georgia Senior Living Association, Inc.**
* I would like to pay by credit card. Please call me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Immediately remit payment to:**

**Georgia Senior Living Association, Inc.**

**2774 Cobb Parkway, NW**

**Suite 109 #359**

**Kennesaw, GA 30152**

**Email completed application(s) to:** [**memberervices@gasla.org**](mailto:memberervices@gasla.org)

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**Questions?**

**Connect with Rita Lowery, Director of Member Services,** [**memberservices@gasla.org**](mailto:memberservices@gasla.org) **or 678-407-2060**