



INDUSTRY PARTNER APPLICATION

An Industry Partner is any company or corporation, proprietary or nonprofit, that is developing an assisted living facility**, has an interest in or is involved in the assisted living industry, but does not own, operate, or manage and assisted living facility.

** Once the assisted living facility has been built and is occupied by residents, the category of membership changes from Industry Partner Membership to Provider Membership.

Please Print and Complete The Following Form:

Company/Member Name _____

Contact Person and Title _____

Address _____

City, State, ZIP _____

Phone _____

Fax _____

E-Mail _____

Type of Business or Service _____

State Affiliation Fee (Please check one of the boxes):

A. Annual gross income of less than \$1 million \$200.00

B. Annual gross income of \$1 million or more \$300.00

_____ Additional locations* X \$100.00 _____

Total: _____

* There is a \$100 fee for each additional office, subsidiary, affiliate, branch or location to receive all the benefits of PALA membership. Please attach a list of additional mailings.

Please send your check and form to PALA 830 Cherry Drive Hershey,PA 17033 or complete credit card information below:

Please charge my Visa MasterCard

_____ Credit Card No. _____ Exp. _____ Amount _____ CVV _____

_____ Print Name on Credit Card _____ Credit Card Billing Address

_____ Signature of Cardholder _____ Date

* Your signature above is an acknowledgement that you in good faith represent and warrant that you have the right, power, legal capacity and appropriate authority to enter into this agreement.