



PROVIDER APPLICATION

A Provider is any company or individual that owns, manages or operates an assisted living facility or similar type residence. Please print and complete the following form, either mail or fax it with the payment option you have selected to:

PALA
830 Cherry Drive
Hershey, PA 17033
Telephone: (570) 586-4292
FAX: (570) 586-4024

Membership in our national affiliate - Assisted Living Federation of America (ALFA), is encouraged. For details on the cost of ALFA Membership, please call (703) 894-1805

Please Print and Complete The Following Form:

Company/Member Name _____

Contact Person and Title _____

Address _____

City, State, ZIP _____

Phone _____

E-Mail _____

Fax _____

Fee Structures (Bed charge based on resident capacity):

Please check one of the boxes

- A. Less than 15 beds _____ beds @ \$100.00 total = \$100.00
- B. More than 15 beds _____ beds @ \$12 per bed = _____

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.