



P. O. Box 243945  
Anchorage, AK 99524-3945

## Membership Application

Please make checks payable to:  
**Assisted Living Association of Alaska**  
 P. O. Box 243945, Anchorage, AK 99524-3945  
 Annual dues are \$25 per bed, not to exceed \$200 for any one home  
 and cover the fiscal year July1 to June 30.  
 A membership certificate will be given to you for display in your home.

*The fee for an Associate Member is \$25.00 annually.*

Name of the Assisted Living Home		Today's Date	
Name of Designated Member or Associated Member	Address	City	Zip
Your <b>Mailing Address</b>		City	Zip
Home Phone	Office Phone	Cell Phone	
Fax No.		E-mail Address	
Number of Beds	Physical Address of Assisted Living Home		

Date	<b>Receipt for Dues</b>	Amount
Designated Member's Name		ALH Name
The above-stated dues to the Assisted Living Association of Alaska cover the period of _____		
through _____, 200 _____.		
		Officer's Name and Title