



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 PER HOME,  
not to exceed \$200 for any ONE home  
and cover the calendar year January 1 to December 31

*The fee for an \*Associate Member is \$25 annually*

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**Name of the Assisted Living Home**

**Today's Date**

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**Name of Designated Member (voting member)**

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**MAILING address**

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**Physical address of Assisted Living Home**

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**Business Phone**

**Cell phone**

**Home phone**

(Please check the box next to the number you prefer to be contacted at)

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**Fax number**

**E-Mail address**

**# of beds (one home only per app.)**

**\*An associate member can be any person involved directly or indirectly with the assisted living industry that is NOT an assisted living home administrator/operator/owner-they must apply as a general voting member**