



FACILITY MEMBERSHIP APPLICATION

FALA Facility Membership is available to any individual, firm, corporation or partnership owning, operating or managing a Florida state-licensed Assisted Living Facility (ALF) or Adult Family Care Home (AFCH) in Florida. (NOTE: Facilities that are under development and not yet licensed but anticipate being licensed within one year may apply for a **Provisional Membership**. Contact the FALA office for a Provisional Facility Membership Application and dues information.)

Licensed Facility Name: _____

Facility Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Website: _____

Number of Licensed Beds: _____ License #: _____ Expiration Date: _____

Specialty License, if any: ECC LMH LNS

Owner: _____

Management Company, if any: _____

Facility Administrator: _____

Title: _____ Email: _____

Direct Tel# _____ Cell Phone: _____

Please provide the names, titles and email addresses of any additional key contacts on a separate sheet.

Submitted By: _____ Email: _____

Referred By: _____ Application Date: _____

2025 ANNUAL MEMBERSHIP DUES

Select the appropriate dues level based on the facility type and number of licensed beds. **Payment of the full annual dues amount must be submitted with the application.** All memberships are set on a calendar membership year, and renewals/annual dues payments are due January 1 of each year. If joining mid-year, a prorated credit will be applied to the annual dues for the next membership year.

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|---|-----------------|
| <input type="checkbox"/> Adult Family Care Home | \$200.00 |
| <input type="checkbox"/> ALF 10 or Fewer Beds | \$250.00 |
| <input type="checkbox"/> ALF 11-16 Beds | \$325.00 |
| <input type="checkbox"/> ALF 17 or More Beds: _____ Beds x \$13.00 + \$175.00 Base Fee | \$ _____ |

Payment Method: Check (made payable to Florida Assisted Living Association or FALA) [FEIN #01-0549750]
 Visa MasterCard American Express Authorized Amount \$ _____

Credit Card #: _____ Exp. Date: _____ Security Code: _____

Name on Card: _____

Card Billing Address with Zip: _____

Authorized Signature: _____ Date: _____

Submit Application and Dues Payment to:
Florida Assisted Living Association
 Attn: Mary Graddick, Membership Manager
 1614 Mahan Center Blvd., Suite 104, Tallahassee, FL 32308
 Email: mary@fala.org • Tel: 850-383-1159 • Fax: 850-224-0448 • www.fala.org

The Florida Assisted Living Association (FALA) is a non-profit association promoting assisted living as a vital part of the long term care continuum. Payments, contributions, or gifts to FALA are not tax deductible as charitable contributions for Federal income tax purposes. However, net dues payments may be deductible as an ordinary and necessary business expense subject to restrictions imposed as a result of lobbying activities. FALA estimates that the non-deductible portion of dues allocable to lobbying is 25%.