



## **PROVISIONAL** **FACILITY MEMBERSHIP APPLICATION**

FALA Provisional Membership is limited to Assisted Living Facilities (ALFs) and Adult Family Care Homes (AFCHs) who are **not yet licensed** by the State of Florida but who are in the licensing application process or, at a minimum, are under development/construction and anticipate being licensed **within a year** of joining FALA. Provisional Members have no member voting privileges but are eligible for other member benefits. Provisional membership is available for 12 months or until the facility is licensed, whichever occurs first. Once licensed, membership status will be upgraded to full membership at the standard dues structure (*calculated on the number of licensed beds*). An invoice for any prorated net dues balance will be issued at that time and member voting privileges will be instated upon payment.

Facility Type:     Assisted Living Facility (ALF)     Adult Family Care Home (AFCH)

Anticipated Opening Date: \_\_\_\_\_    Anticipated Number of Licensed Beds: \_\_\_\_\_

Facility/Licensee Name: \_\_\_\_\_

Facility Street Address: \_\_\_\_\_

City: \_\_\_\_\_    County: \_\_\_\_\_    State: \_\_\_\_\_    Zip Code: \_\_\_\_\_

Facility Telephone Number: \_\_\_\_\_    Fax Number: \_\_\_\_\_

Website: \_\_\_\_\_

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: \_\_\_\_\_

### **2023 PROVISIONAL FACILITY MEMBER DUES**

*Select your appropriate membership level below.*

**Level I** (*Facilities with less than 17 beds*)    **\$200.00**

**Level II** (*Facilities with 17 or more beds*)    **\$500.00**

**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 and 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](mailto:mary@fala.org) • Tel: 850-383-1159 • Fax: 850-224-0448 • [www.fala.org](http://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%.