Allied Member Application

FOR ANY COMPANY, VENDOR, SUPPLIER, WHOLESALER, AGENCY OR ORGANIZATION, PROPRIETARY OR NONPROFIT, THAT DOES NOT MANAGE OR OPERATE A SENIOR LIVING RESIDENCE. PLEASE SELECT YOUR CHOICE OF ALFA MEMBERSHIP TYPE BELOW:

☐ **Associate Member**
Annual Membership Dues* $2,000

☐ **President's Council Member**
Annual Membership Dues* $8,000

Company Information

(Please print or type)

Company Name _____

Street Address _____

City_____ State_____Zip_____

Phone_____Fax _____

Email_____

Website _____

CEO Name** _____

Email_____

Key Contact Person _____

Email _____

Billing Contact** (if different) _____

Email _____

Payment Information

☐ **Charge my: Visa Mastercard AMEX**

Account Number _____

Name _____

Amount $ _____

Security Code _____ Expiration Date _____

Signature _____

☐ **My check is enclosed**

(payable to ALFA. Please mail or Fax to below address and number.)

Assisted Living Federation of America
P.O. Box 34701
Alexandria, VA 22334
Fax: 703-894-1831
Email: membership@alfa.org

More People?

To Ensure You Recieve Full Member Benefits:

Please attach a list of people who you'd also like to receive ALFA member benefits. Include their Name, Mailing Address, Phone Number, Email Address and Title.

Company Description

Please attach a brief description of your company.
(100 words max)

ALFA Member Pledge

See Page Two for our ALFA Member Pledge. Agreeing to the pledge is a condition of membership. Please check box below:

☐ **OUR COMPANY AGREES TO THE MEMBER PLEDGE**

Supplier Guide

Please select the service categaory that best describes your company.
(Choose up to 5)

- ☐ Ancillary Services
- ☐ Business Services
- ☐ Design / Development
- ☐ Dining
- ☐ Entertainment / Leisure
- ☐ Equipment / Appliances
- ☐ Finance / Real Estate Services
- ☐ Furnishings / Interiors
- ☐ Human Resources
- ☐ Insurance / Risk Management
- ☐ IT Hardware / Software / Systems
- ☐ Legal Services
- ☐ Maintenance / Housekeeping
- ☐ Marketing and Sales Services
- ☐ Mobility Systems
- ☐ Personal Products
- ☐ Safety/Security
- ☐ Transportation
- ☐ Other

PRINT SUBMIT

*** Membership dues are subject to change without notice and are applicable for the current calendar year.**
**** CEO/President or Billing Contact are required for membership approval.**

To join online go to www.alfa.org/join

Allied Member Membership Pledge

ALFA Member Pledge

My company offers quality products, services and solutions to organizations that operate senior living communities. My company is committed to improvement and innovation in the products, services and solutions we offer to senior living.

My company supports ALFA's Core Principles of choice, independence, dignity, accessibility, and quality of life for all seniors and offer products, services and solutions that embrace these principles.

We ensure that our senior living provider customers and stakeholders are treated ethically, professionally and with integrity in all of our business practices.

We practice and have a written company code and/or policy of business ethics that ensures that at all times our employees:

- Follow the Law
- Avoid Conflicts of Interest
- Maintain Confidentiality
- Show Dignity & Respect for All
- Report Concerning Business Behavior within our company

Compliance with this pledge is a condition of ALFA membership.

ALFA
Creating the Future of Senior Living

To join online go to www.alfa.org/join