

Membership



ASSISTED LIVING NETWORK
OF SOUTHERN ARIZONA

We Represent Assisted Living in Southern Arizona.

In becoming a member, you will receive **educational opportunities** with **industry experts** for your business and exposure to **world-class** assisted living operations.

Members will also be connected to **high quality resources** through collaboration with local service providers and **unified representation** in local/state legislature. Membership within our network serves to empower leaders (owners, managers and more) within the assisted living industry.



Membership Benefits

Education

- NCIA Board-Approved Continuing Education Units
- Legislation Summaries (AZDHS & CDC)
- Licensing Information
- Seminars by Guest Speakers on In-Industry Topics
- Tax Management & Planning
- Strategies for the Hiring & Retention of Quality Staff

Networking & Events

- Marketing Exposure with Members, Sponsors & Partners
- Event Training Documentation

Sponsor Perks

- Member-Exclusive Discounts
- Product Demonstrations & Samples



Membership

400+ Homes Strong | Membership Dues Form:

Renew or begin your annual membership for two for \$220.

Contact Information

Business Name: _____

Contact Person: _____

Title: _____

Phone Number: _____

Address, City, State & Zip: _____

Website: _____

Email Address: _____

Business Information

Do You Have the Following?

- DHS License
- General Liability Insurance
- Worker's Compensation

of Homes:

of Beds:

\$ _____

Price Range:

\$ _____

_____ yes or _____ no

Do You Accept ALTCS?

_____ shared bedroom and/or _____ private bedroom

Circle All That Apply:

Payment Information:

Payment Type:

- Check (Made Payable to ALN)
- Credit Card

Payment Carrier:

- American Express
- Discover
- MasterCard
- Visa

Annual Dues are \$220 but \$195 if you renew before 2021.

Would you like to lock in your membership rate at \$195 per year? If you check the box to set-up auto-renewal with your credit card we will lock you in at \$195 per year for 2022 and 2023.

Card Number: _____

Expiration Date: _____

Security Code: _____

Cardholder's Name: _____

Billing Address (If Different From Above) _____

_____ **Yes**, sign me up for auto-renewal every year. I agree to be charged in December of every year until I send an email to the info@assistedlivingnetwork.org to cancel my auto-renewal.

_____ **No**, do not, sign me up for auto-renewal every year.

Signature: *My signature authorizes ALN to add my business to all email distribution lists they manage.

Date: _____

Please email or mail this form to: info@assistedlivingnetwork.org
Assisted Living Network Mailing Address: P.O. Box 14991, Tucson, AZ 85732