



2010 Partner Membership Application

NCALA Partner Member: Any company conducting business with the assisted living industry in NC.

Member Name: _____

Business Type (select one):

If you feel that your business does not fit one of these categories, please contact us to discuss.

- Accounting
- Appraisers, Brokers & Consults
- Attorneys
- Dietary Goods and Services
- DME, Equipment & Supplies
- Employment Screening
- Landscaping
- Geriatric Physicians
- Group Purchasing & Services
- Home Care, Hospice & Rehab
- Insurance
- Interior Design
- IT Software & Consulting
- Medications, Supplies, Systems, and Training
- Monitoring & Security
- Movers
- Pest Control
- Publishers and Printers
- Telecommunications
- Vans and Busses

Contact Person _____ **Title** _____

Mailing Address _____

Street Address _____

City _____ **State** _____ **Zip** _____ - _____

Phone (____) _____ **ext** _____ **Fax** (____) _____

E-mail Address _____ **Web Site** _____

How did you hear about us? _____

Please include a brief (1 paragraph) description of your company's services/products (attach an additional page if necessary). This will be used in your listing in the NCALA Member Directory on the NCALA Web site (www.ncala.org).

Annual Membership Dues \$975.00 (includes an exhibitor booth at annual Fall Conference & Trade Show)

Please mail your check, made payable to "NCALA," to:
North Carolina Assisted Living Association
Park Place Professional Center
3392 Six Forks Road
Raleigh, NC 27609

If you have questions, we would love to hear from you. Please contact NCALA:

phone: (919) 467-2486 fax: (919) 467-5132
e-mail: kathy@ncala.org

NCALA dues are not deductible as a charitable contribution for federal income tax purposes, but may be deductible as a business expense. NC Partner dues are not used for legislative activities.