



## 2012 Regional Partner Membership Application

**Company Name** \_\_\_\_\_

**Service(s) Provided** \_\_\_\_\_

<b>North Carolina Region You Serve*</b>	<input type="checkbox"/> Mountains	<input type="checkbox"/> Triad	<input type="checkbox"/> Northeast
	<input type="checkbox"/> Charlotte Area	<input type="checkbox"/> Triangle	<input type="checkbox"/> Southeast

\* For a more detailed list of the counties included in each region, visit our Web site ([www.ncala.org/membership](http://www.ncala.org/membership)).

**Contact Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ - \_\_\_\_\_

**Phone** (\_\_\_\_) \_\_\_\_\_ **Fax** (\_\_\_\_) \_\_\_\_\_

**Cell** (\_\_\_\_) \_\_\_\_\_ **Web Site** \_\_\_\_\_

**E-mail** \_\_\_\_\_

Please include a brief (1 paragraph) description of your company’s services/products. This will be used in your listing in the NCALA Member Directory on the NCALA Web site ([www.ncala.org/members](http://www.ncala.org/members)).

### Annual Membership Dues \$250.00

Regional Partner Member dues *do not include* a booth at the annual NCALA Trade Show. If you want to exhibit at the Trade Show, please consider joining as a Partner Member.

**Please mail your check, made payable to “NCALA,” to this address:**

North Carolina Assisted Living Association  
Park Place Professional Center  
3392 Six Forks Road  
Raleigh, NC 27609

If you have questions or comments, we would love to hear from you. Please contact Kathy Rodgers, NCALA Membership & Meeting Coordinator:

phone: (919) 467-2486 fax: (919) 467-5132  
e-mail: [kathy@ncala.org](mailto: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 Regional Partner dues are not used for legislative activities.*