



# 2021 Partner Membership Application

**NCALA Partner Member:** Any company conducting business with assisted living communities in NC.

**Member Name:** \_\_\_\_\_

**Business Type:** \_\_\_\_\_

**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 \$1200.00** (Members may request a free booth at the NCALA Fall Conference & Trade Show. *Limited number of booths available, first-come/first-served; available to members only.*)

Please either scan and email or fax this form to NCALA. After processing your application, NCALA will email you an invoice containing a link that you can use to pay online.

To pay by check, please mail check, payable to “NCALA,” to:  
North Carolina Assisted Living Association  
3392 Six Forks Road  
Raleigh, North Carolina 27609

**Please include the NCALA invoice number with all corporate check requests!**

If you have questions or comments, we would love to hear from you:  
(919) 467-2486      fax: (919) 467-5132      info@ncala.org

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

