



2018 Partner Membership Application

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

