



OHIO ASSISTED LIVING ASSOCIATION

1335 Dublin Road, Suite 206-A, Columbus, Ohio 43215 (614) 481-1950 FAX (614) 481-1954
www.ohioassistedliving.org

Membership Application

Provider Membership- This membership is for communities actively providing assisted living services. Membership is by *individual* community, not company and dues are based on the number of Assisted Living Apartments of each community. Membership minimum is \$250 per community.

Pending New Licensure/ Under Construction -\$350

Community Name: _____

Address: _____

City: _____ County: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Contact Name: _____ Contact Email: _____

Contact Title: _____ Company Website: _____

Name of Owner/Management Firm: _____

Address: _____

City: _____ State: _____ County: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Number of Assisted Living Apartments: _____ x \$13.00 + \$75= Total Dues \$ _____

All Memberships with the Ohio Assisted Living Association are annual but can be prorated during the first year of membership. Select your membership category and complete your registration. If you have questions, please contact our office at 614-481-1950. Mail completed registration, along with check made payable to OALA to **The Ohio Assisted Living Association, 1335 Dublin Road, Suite 206A, Columbus, Ohio 43215. You may also charge your membership to Visa/ MasterCard/ American Express:**

Account # _____ Exp: _____ CVC Code _____

Billing Address of Card (*if different from community*): _____

City: _____ State: _____ Zip: _____

Signature: _____ Print: _____