



OHIO ASSISTED LIVING ASSOCIATION

2021 membership

Annual Provider Membership is an exclusive opportunity given to communities providing assisted living services.

Resources – Access to our Member’s Only section of the website offering forms, legislative information, regulatory support. Weekly emails sent with Legislative updates or spotlight information.

Access & Impact on the Legislative Process through Association advocacy.

Support – OALA gives support to members in working with legislators and governmental agencies on the state and local level.

Education – State conferences, Regional workshops, and webinars throughout the year.

Training Materials – OALA forms, worksheets, and resources available on the OALA website.

Networking – Access to connect with statewide industry professionals. Discounted rates to attend conferences, workshops, and webinars.

Visibility – Member communities are listed on our website Directory Listings.

Discounts – Member communities are eligible for a discounted Workers Compensation plan through CareWorks Comp.

Membership is offered to the individual community, not company.

MEMBERSHIP

application

MEMBERSHIP LEVEL

- PROVIDER MEMBERSHIP - For communities actively providing assisted living services. Membership cost is individually determined by community. Minimum membership is \$250 per community.

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

- PENDING NEW LICENSURE / UNDER CONSTRUCTION - \$375

Community Name _____ RCF License # _____ Date Opening _____

Address _____ City/County/Zip _____

Primary Contact _____ Title _____

E-Mail _____ Phone _____

Website _____ Offering Medicaid Waiver _____ Non-Profit _____

Owner/Management Firm _____ Number of Ohio Communities _____

Corporate/Regional Contact _____ Title _____

E-Mail _____ Phone _____

All Memberships with the Ohio Assisted Living Association are annual but can be prorated during the first year of membership based upon date joining. Questions? Contact our office at 614-481-1950.

PAYMENT INFO

Card Number _____ Expiration Date _____ Billing Zip Code _____

Name on Card _____ Cardholder Signature _____

Please complete the form and email to oala@OhioAssistedLiving.org or fax to (614)481-1954.

You may also mail the completed application, along with check made payable to OALA to:

1335 Dublin Road, Suite 206-A, Columbus, Ohio 43215