

**ALAG Membership Application**  
**P.O. Box 3364**  
**Gainesville, GA 30503**

**~~~~~ ANNUAL DUES ~~~~~**  
**JANUARY 1, 2011 THROUGH DECEMBER 31, 2011**

**Please complete the following so we may input your data into our records:**

Business / Community Name: \_\_\_\_\_  
Name of Person Designated to Vote: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address (if different from above) \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Services Provided (please check all that apply) :  CCSP  SOURCE  
Number of Employees: \_\_\_\_\_ Number of Units/Beds: \_\_\_\_\_  
Membership Category: \_\_\_\_\_ **Dues Amount \$** \_\_\_\_\_

**Suggested Voluntary PAC Donation \$** \_\_\_\_\_

**Total Remittance \$** \_\_\_\_\_

**FEE SCHEDULE / Communities:**

Communities with 1-4 Beds \$75.00  
Communities with 5-6 Beds \$137.50  
Communities with more than 6 beds \$137.50; plus \$8.25 for each bed over 6

<b><u>FEE SCHEDULE / Business Members</u></b>	<b><u>DUES</u></b>	<b><u>SUGGESTED PAC DONATION</u></b>
• Individual or Sole Proprietor	\$275.00	\$50.00
• Businesses with 2 to 5 employees	\$360.00	\$75.00
• Businesses with 6 to 20 employees	\$440.00	\$100.00
• Business with 21 or more employees	\$550.00	\$150.00

MAKE CHECKS PAYABLE TO **ALAG** AND SEND TO: **Assisted Living Association of Georgia, Inc.**  
**P. O. Box 3364**  
**Gainesville, GA 30503**