

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

~~~~~ ANNUAL DUES ~~~~~  
**JANUARY 1, 2017 THROUGH DECEMBER 31, 2017**

**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: \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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 \$ \_\_\_\_\_**

**Check here if you paid online: \_\_\_\_**

**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

**FEE SCHEDULE / Business Members      DUES      SUGGESTED PAC DONATION**

- |                                      |          |          |
|--------------------------------------|----------|----------|
| • 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**