

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

~~~~~ ANNUAL DUES ~~~~~
JANUARY 1, 2018 THROUGH DECEMBER 31, 2018

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 \$ _____

Add your company website and logo on the ALAG website - ADDITIONAL \$50.00 \$ _____

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.**

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