

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

~~~~~ ANNUAL DUES ~~~~~
JANUARY 1, 2012 THROUGH DECEMBER 31, 2012

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

<u>FEE SCHEDULE / Business Members</u>	<u>DUES</u>	<u>SUGGESTED PAC DONATION</u>
• 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