2019 Provider Membership Application (3-4 Bed Licensed Home)

For a company/individual who owns/operates an assisted living facility.
Please fill out completely. Type or print in blue or black ink only.

Facility Information

Facility Name (as it appears on the license)					
Address					
City		State		Zip	
Phone		County			
BAL License Number		Date License Issued			
Primary Contact for WALA					
Title					
*Email					
Reason You Are Joining WALA:					
How Did You Hear About WALA:					
Add a 75 word description of your facility through the Members Only area at www.ewala.org or attached to this application.					

Number of Facilities	
Total Number of Beds	

Dues Payment:	
A	1 payment of $100.00 (for facilities with 3-4 beds)

Email Info/Invoices/Notices	
Mail Info/Invoices/Notices	

Licensing Information—As licensed by the Bureau of Assisted Living			
	Advanced Aged		Persons with AIDS
	Alcohol or Drug Dependent		Physically Disabled
	Correctional Clients		Pregnant Women/Counseling
	Developmentally Disabled		Terminally Ill
	Emotionally Disturbed/Mental Illness		Traumatic Brain Injury
	Alzheimer's and Dementia		

Payment of Dues: *Select a payment method. Don't forget to include your payment with this form!*		
Total Amount Due: *$100.00*		$
☐ Cash ☐ Check ☐ Credit Card *(MasterCard, Visa, Discover, or American Express)*		
Number	CVV	Expires
Signature		
I agree that WALA may charge my credit card in the amount shown. WALA dues are non-deductible as a charitable contribution and 4% of WALA dues are a non-deductible business expense due to lobbying activities.		

Other Contacts

Contact Name	
Title	
*Email	

**By giving WALA your email you are opting-in for email communications. All information above will be posted on www.ewala.org as a member benefit. Please contact the WALA office to opt out.*

WALA – Wisconsin Assisted Living Association
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ARGENTUM
EXPANDING SENIOR LIVING
STATE PARTNER