



LALA Provider Member Application—Profile/Contact Form

Multiple Communities: Use one sheet per community. Please include all communities under your management or ownership, including your corporate office/parent company if applicable.

For Provider Membership: LALA annual dues are \$24 per licensed unit/apartment (base rate of \$50 annually for each location with 10 or more units). Based on size and dues rate, Provider members are eligible for 1 primary contact per location. For membership eligibility, all locations must join.

For Communities Under Development: LALA offers a special fee structure based on your projected number of units and is discounted for the first three years of membership.

Non-Licensed/Pre-Construction Membership: LALA offers a special fee structure for Independent Living and Pre Construction members. Set your self apart by exceeding the minimum standards in quality care! *Pre-Construction Membership is based on projected number of units and discounted until ground breaking.

Please check below to indicate your membership category:

- Non Licensed or Pre Construction (Independent or Pre Provider Status) NL/PC
- Provider Member (Full Provider Status) PM
- New Provider Member (New Development Year 1) NDY1
- New Provider Member (New Development Year 2) NDY2
- New Provider Member (New Development Year 3) NDY3

LALA dues are annual, based on your anniversary date, and must be paid by reoccurring anniversary date for each year. A separate form is to be completed for each community location. The primary contact you list will be the official contact for LALA and will receive the LALA benefits for the residence.

- Submit one application per each location (must submit all locations)
- Submit building floor plan per location with each application (*If no floorplan is submitted, your DHH licensed capacity is used to calculate dues*)
- Community Location/Business Name _____

Dues Amount = Total # of ARCP Licensed Units/Apartments (x) per apt fee + \$50.00 if over 10 Units

Find Membership category below and fill in blanks. (membership commences upon receipt of full dues payment and is a 12 month membership)

PM — # of ARCP Licensed Unit/Apt. _____ x \$24.00 + \$50.00 if over10 apt.= \$ _____ Amount Due.

NDY3— # of ARCP Licensed Unit/Apt. _____ x \$18.00 + \$50.00 if over10 apt.= \$ _____ Amount Due.

NDY2— # of ARCP Licensed Unit/Apt. _____ x \$12.00 +\$50.00 if over10 apt.= \$ _____ Amount Due.

NDY1— # of ARCP Licensed Unit/Apt. _____ x \$ 6.00 +\$50.00 if over10 apt.= \$ _____ Amount Due.

NL/PC— # of ARCP/Independent Living Unit/Apt. _____ x \$ 5.00 = \$ _____ Amount Due.

Primary Contact Name: _____

**The Primary Contact will be the official LALA contact. All employees at same location per community are eligible for member rate to conferences, luncheons and product pricing. Please use the next page to submit any additional contacts you wish to add to this profile.*

Title : _____ Email: _____

Mailing Address _____

Street /City/State/Zip: _____

DHH License # _____ ARCP Location: _____

Telephone _____ company website: _____

Number of Licensed ARCP Units/Apts: _____ # that are Dementia Care designated: _____

Other Certification or licensure : _____

Parent/Corporate Company Name _____

Contact, Title, Phone _____

Mailing/email Address _____

Street Address _____

City _____ State _____ Zip _____

Payment info on page 2

Submit by Postal Mail or Scan/Email
 Louisiana Assisted Living Association
 P. O. Box 10258
 New Iberia, LA. 70562



LALA offers four additional membership types : *Individual, Additional, Student and family*. Please submit one form per individual. See details below. *Industry Partner Membership is available on separate application.*

By the act of submitting this application/payment, you submit that the applicant does not qualify for any other LALA membership criteria/status.

Name: _____

Current Community or Company: _____ Title: _____

University/School (if Student): _____

Major (if Student): _____

Mailing Address: _____

Address Continued: _____

Home Phone Number: _____ Cell Phone Number: _____

Personal Email Address: _____

** By providing your email, you are opting-in for email communications.*

Reason You Are Joining LALA: _____

How Did You Hear About LALA? _____

Payment Dues: *Select membership and payment method. Don't forget to include your payment with this form!*

Provider Membership (from page 1)

Individual Member : \$200.00 for an individual who is unaffiliated with a company that owns, manages, operates or provides goods/services to an ARC/Senior Living. *non voting *receives discounted rate to specific education events; newsletters and member updates.

Additional (seat) Member: \$200.00 for each additional employee associated with a Provider Member (in good standing). *receives all email Communications and benefits as a "seat" to PM or IP associated with. This membership is reserved for same location add-on, or corporate location add-on. * One voting member per community location.

Student or Family Member: \$50.00 (*Student must submit current copy of student ID with proof of enrollment status annually, Family members must submit the name of community you support*). *non voting *receives discounted rate to specific education events; newsletters and member updates.

Check (made out to LALA)

Credit Card (*MasterCard, Visa, AmEx*).

Card Number: _____ Expires (Month/Year): _____

Credit Card Security Code: _____ Name of Card Holder: _____

Total Payment Amount: _____ Signature: _____

** By signing, you agree that LALA may charge your credit card in the amount shown.*

Note: LALA Membership dues are not tax deductible as a charitable contribution for federal income tax purposes, but a portion of dues may be deductible as a business expense. LALA estimates that 40% of a provider's dues are not deductible as a business expense because of LALA's legislative activities on behalf of its members.

LALA Membership Dues are listed above for a **12-month membership**. The member term will begin on the first day of the month following receipt of your dues payment.

Please mail this completed form and your dues payment to:

LALA
P. O. Box 10258
New Iberia, LA. 70562

To make any dues payment via credit card: (1) log onto www.lalaonline.org or (2) complete the credit card information above, and scan/email, along with any member application requirements (copy of student ID) to the LALA office at sharla@lalaonline.org. Snail mail: PO Box 10258 * New Iberia, LA. *70562