



LALA Provider Member Application Form

Use one application per location.

Non-Licensed or Pre-Construction Membership: LALA offers a special fee structure, based on your projected number of units and is discounted until groundbreaking for Independent Communities, or until licensure for Provider Communities.

New Development Membership: LALA offers a special fee structure based on projected number of apts. and discounted for the first three years of membership, allowing you time to build occupancy. (NDY1, NDY2, NDY3). *This is Full Provider Status for Ind. Living Communities*

Full Provider Membership: Fee structure per licensed unit/apartment. Base rate for locations with 10 or more units. All locations join, to remain member in good standing.

Membership Categories (see these abbreviated in Rate section below):

- NLPC** : Non Licensed Pre Construction (Pre Provider Status)
- NDY1 / IL** : New Provider Member (New Development Year 1) or Independent Living Provider Member (IL)
- NDY2** : New Provider Member (New Development Year 2)
- NDY3** : New Provider Member (New Development Year 3)
- PM** : Provider Member (Full Provider Status)

- ⇒ Submit One Completed Application Per Location. All Locations Join to Remain As Member In Good Standing.
- ⇒ Submit LDH License Per Location. Non Licensed / Pre-Construction: Submit Architectural Floorplan and Planned Open Date.
- ⇒ Membership Commences Upon Receipt Of Completed Application, Required Materials Above, Full Dues Payment And Board Of Directors Approval.
- ⇒ Dues Rate Determined At Anniversary Date, According To Years Open/ Licensed.

Community Name (Provider Member) :

***RATE: Find level and Complete Calculations Below for the Community Name listed above↑:**

NLPC— # of Senior Living Unit/Apts. _____	x \$ 5.00 = \$ _____	Amount Due (Pre-Provider Status)
NDY1— # of IL /ARCP Licensed Unit/Apts. _____	x \$ 6.00 + base rate for ≥10= \$ _____	Amount Due.
NDY2— # of ARCP Licensed Unit/Apts. _____	x \$12.00 + base rate for ≥10= \$ _____	Amount Due.
NDY3— # of ARCP Licensed Unit/Apts. _____	x \$18.00 + base rate for ≥10 = \$ _____	Amount Due.
PM— # of ARCP Licensed Unit/Apts. _____	x \$24.00 + base rate for ≥10= \$ _____	Amount Due.

Primary Contact, Title, & Email :

*PRIMARY CONTACT (ABOVE) IS THE CONTACT LISTED AT THIS LOCATION. HOWEVER, MEMBERSHIP BELONGS TO THE COMMUNITY. THEREFORE, ALL EMPLOYEES AT THIS LOCATION ARE ELIGIBLE FOR MEMBER DISCOUNT RATES TO CONFERENCES, EVENTS, IN PRODUCT PRICING, AND ELIGIBLE FOR AWARDS/RECOGNITION PROGRAMS.

Mailing Address _____
 Street /City/State/Zip: _____
 LDH License # _____ Parish Location: _____
 Telephone _____ E-mail Address _____
 Website address: _____
 Open Date: _____
 Parent/ Corporate Name _____
 Corporate Contact(s) _____
 Corporate Mailing Address _____
 City _____ State _____ Zip _____
 Corporate Email Address _____
 Telephone _____ Other E-Mail: _____
 How did you hear about LALA? _____

- Submit licensure/copy of building floorplan along with payment to:**
By Postal Mail: Louisiana Assisted Living Association (LALA) • P. O. Box 10258 • New Iberia, LA. 70562
Or Scan/Email completed application, licensure, floorplan To: admin@lalaonline.org to be invoiced.



LALA offers Individual memberships for your residents, and family members. By the act of submitting this application/ payment, the applicant does attest that he/she will not qualify for any other LALA membership criteria/status.

Name: _____

Assisted / Senior Living Community : _____

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? _____

ANNUAL MEMBER DUES: COMPLETE INFORMATION BELOW

Resident/Family Member: These Members are strong advocates for senior living. They are among the thousands of residents, and family members who are exercising their right of “choice” in where they live and in doing so, support senior living in Louisiana.

Resident/Family Member Annual Rate is : \$50.00

Resident / Family Member: Supporting _____ (Assisted Living/Senior Living Residence)

Check (made out to LALA)

Credit Card (*MasterCard, Visa, AmEx*)

For Credit Card Payments: Do NOT send your card details or information to us. We will email you an invoice with credit card payment link. (*Always input card details in a private, secure manner and location*)

Note: LALA Membership dues are not tax deductible as a charitable contribution for federal income tax purposes, but, if applicable, a portion of dues may be deductible as a business expense. LALA estimates that 25% 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 and all required materials.

Please mail this completed form and your dues payment to:

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