

Missouri Assisted Living Association
2407B Hyde Park Road
Jefferson City, MO 65109
Phone: (573) 635-8750 ♦ Fax: (573) 634-7344

ASSOCIATE MEMBERSHIP APPLICATION

Please complete ALL information below.

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Information

Name: _____

Phone: _____ Fax: _____

Email: _____

Alternate Contact: _____ Phone: _____

Alternate Email: _____

Company Website: _____

Products/Services – Please describe your company's interest in the assisted living industry:

Annual Membership Dues

Associate membership dues are \$300. Membership is good for ONE year from the date of receiving this application and payment.

Payment Method Please select payment method: Check enclosed (payable to MALA) Credit Card:

Credit Card Number: _____ Exp Date: ____/____(mm/yy)

3-Digit Security Code (on back of card): _____

How did you hear about MALA? _____

Comments: _____

Authorized Signature: _____ **Date:** _____

(Form must be signed)

Upon completion, please return this form along with payment to the above address.
Fax is acceptable only if paying by credit card.