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Missouri Assisted Living Association

ASSOCIATE MEMBERSHIP APPLICATION

Company Name: _____ Phone: _____
 Address: _____ City: _____ State: _____
 Zip: _____ Fax: _____ Website: _____

Billing address same as above? Yes No (If no, provide billing address below)

Address: _____ City: _____
 State: _____ Zip: _____ Phone: _____

Contact Information

Primary Contact Name: _____
 E-Mail: _____ Phone: _____ Cell: _____
 Alternate Contact Name: _____ E-Mail: _____

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

How did you hear about MALA? _____

Annual Membership Dues: Associate membership dues are \$325. Membership is for a period of one year from the date of receiving this application and payment. You will be contacted by the MALA office once the application is received.

Discover Visa MasterCard American Express

Credit/Debit Card Number: _____

Expiration Date: _____ Security Code (on back of card): _____

Signature: _____ (Required)

Please return this application and payment to the address or fax number above.