

## PALA Provider Membership Application

PALA provider membership is any company or individual that owns, manages or operates an Assisted Living Residence or Personal Care Home in the state of Pennsylvania.

Company/Community \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Website: \_\_\_\_\_

License Type:    Personal Care Home \_\_\_\_\_ Licensed Beds    Assisted Living Residence \_\_\_\_\_ Licensed Beds

Billing address, if different than physical address:

Contact \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

### PALA membership is based on Resident Capacity

Less than 15 licensed beds                      Flat Rate \$100                      Total \$ \_\_\_\_\_

More than 15 licensed beds                      \_\_\_\_\_ beds @ \$15 per bed                      Total \$ \_\_\_\_\_

Please complete this form and send with payment to:      FAX: 717-695-9735      EMAIL: info@pala.org  
 MAIL: PALA 105 North Front St. Suite 106 Harrisburg, PA 17101

Payment Method:                      Check # \_\_\_\_\_

Credit Card Payment                       Visa    MasterCard    American Express    Discover

Credit Card Number \_\_\_\_\_ Exp \_\_\_\_\_ CVV \_\_\_\_\_

Name on Card \_\_\_\_\_ Billing ZipCode \_\_\_\_\_