

## 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 \_\_\_\_\_

- |   |                           |                |
|---|---------------------------|----------------|
| <input type="checkbox"/> 1-15 licensed beds             | Flat Rate \$100.00        | Total \$ _____ |
| <input type="checkbox"/> 16-25 licensed beds            | Flat Rate \$150.00        | Total \$ _____ |
| <input type="checkbox"/> 26-999 licensed beds           | _____ beds @ \$18 per bed | Total \$ _____ |
| <input type="checkbox"/> 1000+ licensed beds            | Flat Rate \$18,000.00     | Total \$ _____ |
| <input type="checkbox"/> Communities Under Construction | Flat Rate \$300.00        | Total \$ _____ |

**Please complete this form and send with payment to:    FAX: 717-695-9735    EMAIL: joan@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 Zip Code \_\_\_\_\_