

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

Parent Company Information (if applicable): **Owner** **Management Company**

Company _____

Contact _____ Title _____

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

Check# _____ Credit Card Payment: Visa MasterCard American Express Discover

Credit Card Number: _____ Exp _____ CVV _____

Name on Card: _____

Billing Address: _____

Important tax return information: PALA dues are non-deductible as a charitable contribution. However, they may be partially deductible as business expenses. PALA estimates that 7% of 2020 PALA membership dues and 10% of 2021 PALA membership dues are a non-deductible business expense due to lobbying activities on your behalf.