



## Assisted Living Facility Membership Application

**Facility Name:**

**Person Completing Form:**

**Facility Street Address:**

**City:**

**Zip:**

**Facility Telephone #:**

**Administrator Name:**

**Administrator Email:**

**Facility License #:**

**# Beds on Facility License:**

## Owner/Management Company Information

**Owner/Management Company Name:**

**Owner/Management Company Address:**

**City:**

**Zip:**

**Billing Contact Name:**

**Billing Contact Email:**

**Billing Contact Telephone #:**

**Regional Manager Name:**

**Regional Manager Email:**



## BILLING INFORMATION

### Assisted Living Facility Membership Dues Explained

Nevada Center for Assisted Living:  
**\$2.50/licensed bed/month**

National Center for Assisted Living:  
**\$0.88/licensed bed/month**

Political Action Committee:  
**\$0.50/licensed bed/month**

**TOTAL DUES PER BED PER MONTH: \$ 3.88**

**Total Licensed Beds:**  
X \$3.88 per bed

**Total Dues Per Month:**

**Please Bill My Facility:**

**Start Billing Date:**

**Please Send Invoice To:**

**Please Email Invoice To:**

