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Missouri Assisted Living Association

ASSOCIATE MEMBERSHIP APPLICATION

Company Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____

Billing Address same as the above? Yes No (If no, provide the billing address below)
 Address: _____ City: _____
 State: _____ Zip: _____ Phone: _____ Website: _____

Contact Information

Name: _____
 Phone: _____ Fax: _____
 Email: _____
 Alternate Contact: _____ Phone: _____
 Alternate Email: _____ Company Website: _____
 Optional – email your company logo to info@malarcf.org. Your logo will be listed on our website with our other partners.

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

Annual Membership Dues: Associate membership dues are \$325. Membership is for a period of one year. You will be contacted by the MALA office after the application is received.

Payment Method Please select payment method:

- Check enclosed (payable to MALA)
- Pay online with Credit Card by completing the online membership application

We charge a convenience fee on all credit card transactions.

How did you hear about MALA? _____

Authorized Signature: _____ **Date:** _____

Upon completion, please return this form along with payment to the above address.
 Fax or email is also accepted if paying by credit card.
 Fax: 573-634-7344 Email: info@malarcf.org