



**Virginia Assisted  
Living Association**  
PO Box 71266  
Henrico, VA 23255

## **VALA Industry Partner Membership Application**

**Industry Partner** membership is for organizations that provide goods or services to the assisted living industry.

**Annual Membership Dues: \$750**

Industry Partner benefits include, but are not limited to, the following...

- Marketing information listed on VALA's website
- Business referral services to assisted living providers
- Up to six (6) electronic mailings to ALFs
- Ability to post job announcements free of charge
- Participation opportunities on ALF Boards and Committees
- Preferred exhibition placement at VALA statewide conferences, including Virtual Trade Show option
- Access to VALA's online membership directory
- Access to VALA's online discussion forums
- Facebook shout outs linked to website or Facebook page

The **Virginia Assisted Living Association (VALA)** represents Virginia's assisted living providers as a "unified voice for assisted living" and as Virginia's only state affiliate of Argentum, the leading national trade association for professionally managed senior living communities. VALA represents both non-profit and for-profit communities, as well as communities of varying resident capacities.

Information provided below will be posted on VALA's website & the new Industry Partner Directory to allow assisted living providers to search for VALA's Industry Partners based on the products/services being offered. Each company may have multiple representatives in their profile and may link multiple directory categories. This directory will be sorted online alphabetically by name and may be searched by products/services offered.

**To become one of VALA's Industry Partners, complete and return the below application to...**

Facsimile: 888-611-8252 or USPS mail: VALA, PO Box 71266, Henrico, VA 23255

Checks should be made payable to VALA.

Company Name: _____			
Company Complete Address: _____			
Telephone: _____			
Contact 1 Name, E-mail, Title: _____			
Contact 2 Name, E-mail, Title: _____			
Website: _____			
Description of company: _____ (use additional sheet if necessary)			
<b>Services and Products Offered</b> (Please select as many as are applicable to your company):			
<input type="checkbox"/> Accounting / Bookkeeping	<input type="checkbox"/> Financing	<input type="checkbox"/> Internet	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Activities	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> Landscaping Design / Services	<input type="checkbox"/> Rehabilitation
<input type="checkbox"/> Architecture Design / Construction	<input type="checkbox"/> Food Service	<input type="checkbox"/> Laundry	<input type="checkbox"/> Resident Referral
<input type="checkbox"/> Attorneys	<input type="checkbox"/> Group Purchasing	<input type="checkbox"/> Legal	<input type="checkbox"/> Security Solutions
<input type="checkbox"/> Banking / Investments	<input type="checkbox"/> Health / Medical Supplies	<input type="checkbox"/> Maintenance Services	<input type="checkbox"/> Technology
<input type="checkbox"/> Chemicals / Supplies	<input type="checkbox"/> Home Health Services	<input type="checkbox"/> Marketing / Promotional Materials	<input type="checkbox"/> Telephone / Paging Equipment
	<input type="checkbox"/> Hospice	<input type="checkbox"/> Mobile Diagnostics / Imaging	<input type="checkbox"/> Television
<input type="checkbox"/> Consultations	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Payment Services	<input type="checkbox"/> Therapy
<input type="checkbox"/> Education / Training	<input type="checkbox"/> Human Resources Services	<input type="checkbox"/> Pest Control	<input type="checkbox"/> Transportation
<input type="checkbox"/> Emergency Call / Resident Monitoring Systems	<input type="checkbox"/> Insulin – Diabetes Treatment	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Veteran Services
<input type="checkbox"/> Entertainment	<input type="checkbox"/> Insurance	<input type="checkbox"/> Property Management	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Equipment / Furnishings Suppliers	<input type="checkbox"/> Interior Design	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Other: _____

CC #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Security Code: \_\_\_\_\_

**Questions? Contact VALA at (804) 332-2111 or [information@valainfo.org](mailto:information@valainfo.org)**

*VALA dues are not deductible as a charitable contribution for federal income tax purposes but may be partially deductible as a business expense.*

***Thank you for your continued support!***