



Virginia Assisted Living Association Membership Application – Provider

Right now is a time of tremendous change for the assisted living industry in Virginia. Many forces are influencing the future of a rapidly growing alternative for Virginia's seniors: new regulations are being written, new legislation is being proposed, healthcare deliver and reimbursement systems are evolving, and consumer awareness and knowledge are on the rise. As with all industries facing challenges, there is strength in numbers. Our members represent the entire spectrum of the industry: providers of both non-profit and for-profit and providers of both large and small assisted living homes.

With the support of the assisted living community, VALA serves as Virginia's unified voice of assisted living and is the official state affiliate of the Assisted Living Federation of America (ALFA).

What are some of the benefits of membership?

- Annual Membership Directory
- A voice in Virginia's legislature with regular updates on bills that may impact you
- Your advocate with Virginia's regulatory offices (such as DSS, DHP, DMAS, and VDH)
- Continuing Education Opportunities
- A Quarterly newsletter with information pertinent to Assisted Living
- Regular Communication on important issues
- Participation opportunities on Boards and Committees
- Discounts on Annual Statewide Conferences
- Membership Referral Services
- Networking Opportunities
- Job Referral Services

Annual VALA Dues Calculation: Annual dues are based on licensed units/capacity, not on current AL census.

AL Bed Capacity _____ x \$15.00 = \$ _____ (\$250.00 minimum)

Member Information

Facility/Community _____
 Contact Person _____ Title _____
 Street Address _____
 City _____ State _____ Zip _____ Phone _____ Fax _____
 Email _____ Website _____
 Assisted Living Capacity: _____ Profit Nonprofit

Parent Company Information

_____ Owner _____ Management Company
 Company Name _____
 Contact Person _____ Title _____
 Street Address _____
 City _____ State _____ Zip _____ Phone _____ Fax _____
 Email _____ Website _____

Description (50 words or less): _____

Questions? Contact VALA at (804) 332-2111 or jhackler@valainfo.org or refer to www.valainfo.org

Please complete this form and send it along with payment to: VALA, PO Box 6266, Richmond, VA 23230

Make all checks payable to VALA.

If paying by credit card, only Visa, MasterCard, and Discover are accepted,
and if paying by credit card, membership applications may be faxed to (804) 632-8411.

CC #: _____ Exp. Date: _____ Billing Zip Code: _____

Authorized Signature: _____ Security Code: _____

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