



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. *Dues are only \$550 per year.* 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 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 (formerly the Assisted Living Federation of America {ALFA}). 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 Senior Living 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 up to 2 contact people listed, up to 5 products/services offered, this directory will be sorted Alpha by name & product/service, & updated semi-annually on Jan 1 & July 1.

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:	_____		
Contact 2 Name & E-mail:	_____		
Website:	_____		
Description of company: (use additional sheet if necessary)	_____		
Services and Products Offered (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

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!