

Membership Application

Assisted Living Organization Texas

Facilities 0-3 bed \$200 4-9 bed \$250 10-16 bed \$350 17 beds or more \$450

1. Name _____
2. Facility Name _____
3. Address _____
4. Phone Number _____
5. Email _____
6. Website _____
7. Number of beds _____

Providers (Hospice, Home Health, Physicians, Placement Agencies) \$350

1. Name _____
2. Company Name _____
3. Address _____
4. Phone Number _____
5. Email _____
6. Website _____
7. City or area services are provided _____

Ancillary (Insurance, Construction, Legal, Bookkeeper) Statewide \$375 Local \$325

1. Name _____
2. Company Name _____
3. Address _____
4. Phone Number _____
5. Email _____
6. Website _____
7. City or area services are provided _____

Individuals (Just getting started, ALOT Supporters) \$150

1. Name _____
2. Address _____
3. Phone Number _____
4. Email _____

Once application is submitted to **mary@txalot.com**, a QuickBooks invoice will be sent via email for payment. Once payment is received you will be sent information on getting your facility listed on txalot.com website, the link to the monthly education zooms and other information.

How did you heard about us/ referred by: _____:



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