



646 Plank Road • Suite 207 • Clifton Park, NY 12065
Phone: (518) 371-2573 • Fax: (518) 371-3774
Website: <http://www.esaal.org>

Industry Partner Membership Application

Empire State Association of Assisted Living (ESAAL) offers membership to vendors of goods and services, academia, etc. that serve assisted living providers. The investment for Industry Partners is \$650 annually. Industry Partners may also extend membership benefits and communications for additional office/branch/locations subsidiary, or affiliate for an assessment of \$100 per location. Please attach list of the additional names that include contact person, address, phone, fax and email that you would like included in your membership and on ESAAL's Website.

As an Industry Partner, you are entitled to:

- ❖ Contacts for ESAAL's Adult Home/Enriched Housing/Assisted Living Provider Member's in New York State listed in an Excel spreadsheet
- ❖ Exhibitor Booth discount at ESAAL's annual conference and trade show
- ❖ Opportunity to submit newsletter articles about your business that are educational in nature to ESAAL's Provider Members (ESAAL produces quarterly newsletters sent electronically)
- ❖ Your Company Name listed on our Website for ESAAL Provider Members as well as public consumers viewing. Includes your business category, main company contact info and a live link to your website.

Company Name: _____ Phone: _____
Street Address: _____ Fax: _____
City, State, Zip: _____ Cell: _____
Website: _____

Company's Primary Contact Person:

Name: _____ Title: _____
Street Address: _____ Phone: _____
City, State, Zip: _____ Fax: _____
Email: _____
Cell # _____

All applications for membership must be approved by ESAAL's Board of Directors,
who retain the right to accept or deny applicants.

Please include a 25 word description of your business' service, products, or interests here to be placed on our website:

Choose the category you'd like to be listed in from the list provided below. (Circle all that apply or choose Other)

Accountant	Activity Products	Architects	Consulting, Development	Consulting, Financial & Management
Consulting, Marketing	Facility Equipment & Systems	Facility Equipment Sales	Facility Management	Financial Services
Home Care	Imaging	Insurance	Legal	Medical Equipment & Supplies
Pharmaceutical Services	Procurement & Purchasing	Psychology	Real Estate & Investment Brokers	Real Estate Finance
Rehabilitation Services	Resident Referral	Senior Living Management	Software	Transportation Sales
Other				

Please tell us how you heard about ESAAL:

BILLING

- Option 1: I elect to pay my annual dues by check (enclosed)
- Option 2: I elect to pay my annual dues by credit card. Please return completed authorization form below.

I understand that membership automatically renews annually unless the Association is advised in writing of resignation. Members are responsible for all dues charged until such notification. Please be advised interest accrued at 1.5% each month on all overdue balances after 30 days.

Authorized by
Signature: _____

Print Name: _____

Please return the completed application, and either a check payable to ESAAL or attached credit card authorization to:

ESAAL, 646 Plank Road, Suite 207, Clifton Park, NY 12065
 Attention: **Karen Thornton**
 Fax: 518-371-3774
 Email: khorton@esaal.org

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Credit Card Payment Authorization Form

Facility/Company Name: _____

Contact Person: _____

Phone No.: _____ Fax No: _____

Credit Card Information: *(Please note: ESAAL only accepts the following credit cards.)*

(Please Check) Visa Master Card Discover American Express

Industry Partner Dues Annual Payment: **\$650**

Amount for Credit Card Charge: \$ _____

Required information for processing credit card:

Credit Card No: _____

Expiration Date: _____ CVV2 Code: _____
(The 3 or 4 digit code is located either on the front or back of the card.)

Name as listed on Card (Please Print): _____

Street Address of Authorized Cardholder: _____

City, State, & Zip Code: _____

I hereby authorize ESAAL to charge my credit card the amount indicated on this form for the purpose stated. Without a signature your credit card will not be processed.

Cardholder's Signature: _____

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