



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.

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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:

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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
<b>Other</b>				

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:

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Print Name:

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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: [khornton@esaal.org](mailto:khornton@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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