



2012 Industry Partner Membership Application

Empire State Association of Assisted Living (ESAAL) offers membership to vendors of goods and services, academia, etc. that serve the assisted living industry. Annual membership dues for Industry Partners are \$650. Industry Partners may extend membership benefits and communications for additional office/branch/locations subsidiary, or affiliate for an assessment of \$100 each. Please attach a list of these additional names that includes contact person, address, phone, fax and email.

As an Industry Partner, you are entitled to:

- ❖ Listing of adult home/enriched housing/assisted living providers in New York State in an Excel spreadsheet
- ❖ Free link from ESAAL's Web site to your home page or to a page of your choice on your Web site.
- ❖ Booth discount at ESAAL's annual conference and trade show.
- ❖ Discount rates on advertising in ESAAL's newsletter and Web site.
- ❖ Opportunity to submit newsletter articles about your business or other items of interest (press releases) to the assisted living provider network.

Company Name: _____ **Phone:** _____

Street Address: _____ **Fax:** _____

City, State, Zip: _____ **Web Site:** _____

Company's Contact Person:

Name: _____ **Title:** _____

Street Address: _____ **Phone:** _____

City, State, Zip: _____ **Fax:** _____

Email: _____

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

Please tell us how you heard about ESAAL:

Please select a payment option:

- Option 1: I elect to pay our Membership Dues annually.
- Option 2: I elect to pay our Membership Dues quarterly. Payments must be received by Jan. 31, April 30, July 31 and October 31

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:

Carla Erhartic, ESAAL, 646 Plank Road, Suite 207, Clifton Park, NY 12065.

For more information call 518-371-2573 or email cerhartic@esaal.org.



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

For Industry Partner Dues payment only: Annually Quarterly

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: _____

For internal use only:
Annual Payment Processed on: _____

Quarterly Payments Processed: January April July October