



# Empire State Association of Assisted Living

## Industry Partner Membership Application

The 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: \_\_\_\_\_

Company Address \_\_\_\_\_ Fax: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Web Site: \_\_\_\_\_

**Company's Contact Person:**

Name \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**\*Please attach 25-word description of your business' service, products, or interests.**

*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 January 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 check, made payable to ESAAL, or complete the credit card application form and mail to:

Carla Erhartic , Empire State Association of Assisted Living  
646 Plank Rd, Suite 207, Clifton Park, NY 12065

For more information, call the Association at 518-371-2573 or email [cerhartic@esaal.org](mailto:cerhartic@esaal.org)

(All applications for membership must be accepted by ESAAL's Board of Directors.)