

ARKANSAS RESIDENTIAL ASSISTED LIVING ASSOCIATION

10 Shackleford Plaza, Suite 102

Little Rock, AR 72211

Phone 479-234-5044

www.arala.net

ASSOCIATE MEMBERSHIP APPLICATION

NAME: _____

APPLICANTS BUSINESS/OCCUPATION: _____

ADDRESS: _____

MAILING ADDRESS (if different): _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER/S: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____ WEBSITE: _____

PLEASE EXPLAIN YOUR INTEREST IN ASSISTED LIVING/RESIDENTIAL CARE:

Please fill out the above form and return to the address listed above with first year's dues of \$400.00 Thank you.