

ARKANSAS RESIDENTIAL ASSISTED LIVING ASSOCIATION

692 HONEYSUCKLE LANE
CABOT, ARKANSAS 72023
PHONE/FAX 501-941-2075

MEMBERSHIP APPLICATION

FACILITY NAME: _____

ADMINISTRATOR/CONTACT PERSON: _____

ADDRESS: _____

MAILING ADDRESS (if different): _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER/S: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____ WEBSITE: _____

LICENSED BEDS: _____ DATE LICENSED: _____ LICENSE TYPE: _____

DATE OF FACILITY CONSTRUCTION OR LAST MAJOR RENOVATION: _____

TYPE OF OWNERSHIP:

sole proprietor partnership private corporation private not-for-profit public
church other

RELATED EXPERIENCE/TRAINING OF OWNER/ADMINISTRATOR:

Please complete and mail or fax to the address/fax number listed above. Association dues are \$3.00/licensed bed/month.