



# Arizona Health Care Association Membership Application

## Assisted Living Center Application

Facility Name: \_\_\_\_\_

Administrator: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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

Type of Facility: \_\_\_\_\_ Proprietary \_\_\_\_\_ Non-Proprietary

State License(s) & Type Number(s): \_\_\_\_\_

**Total # of Units:** \_\_\_\_\_ x **Dues: \$20.00/Unit = TOTAL \$** \_\_\_\_\_ **due with application**

Owners Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**Management Company Name:** \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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

Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

Do not write below this line

Board Action: \_\_\_\_\_

**Mail this application to:**

Arizona Health Care Association, 1440 E. Missouri Avenue, Suite C-102, Phoenix, AZ 85014-2458