

ARKANSAS RESIDENTIAL ASSISTED LIVING ASSOCIATION

692 HONEYSUCKLE LANE
CABOT, ARKANSAS 72023
PHONE/FAX 501-941-2075
www.arala.net

MEMBERSHIP APPLICATION

NAME: _____

APPLICANTS BUSINESS/OCCUPATION: _____

ADDRESS: _____

MAILING ADDRESS (if different): _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER/S: _____ FAX NUMBER: _____

EMAIL: _____ WEBSITE: _____

PLEASE EXPLAIN YOUR INTEREST AND OR PRODUCTS IN ASSISTED LIVING/RESIDENTIAL CARE:

ASSOCIATE MEMBERSHIP: Please fill out the above form and return to the address listed above with first month's dues of \$20. Thank you.

INDUSTRY PARTNER MEMBERSHIP: Please fill out the above form and return to the address listed above with first year's dues of \$250. Thank you.