

ARKANSAS RESIDENTIAL ASSISTED LIVING ASSOCIATION

10 Shackleford Plaza, Suite 102

Little Rock, AR 72211

PHONE 479-234-5044

www.arala.net

INDUSTRY PARTNER MEMBERSHIP APPLICATION

NAME: _____

APPLICANTS BUSINESS/OCCUPATION: _____

ADDRESS: _____

MAILING ADDRESS (if different): _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER/S: _____ FAX NUMBER: _____

WEBSITE: _____ EMAIL ADDRESS: _____

PRODUCTS OR SERVICES:

WEBSITE BLURB ABOUT YOUR BUSINESS IN 50 WORDS OR LESS.

Please fill out the above form and return to the address listed above with annual dues of \$250.

Thank you.