

**ARKANSAS RESIDENTIAL ASSISTED LIVING ASSOCIATION**

10 Shackelford Plaza, Suite 102  
Little Rock, AR 72211  
PHONE 479-234-5044  
[www.arala.net](http://www.arala.net)

**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 \$6.00/licensed bed/month.