



MCAL Membership Application

Membership in the Michigan Center for Assisted Living (MCAL) is divided into two categories: Facility Membership and Associate Membership. This application is for facility membership only. Please make your check payable to: MCAL and mail to: MCAL, 7413 Westshire Drive, Lansing, MI 48917

Facility Membership:

A facility that provides assisted living services, either licensed or non-licensed. Dues are based upon a cost of 10¢ per bed per day. Facilities applying for membership in MCAL must submit a non-refundable \$100 application fee with this form. Upon receipt of your application, you will receive a letter confirming your application and a copy of the first dues payment invoice. You will also be placed on MCAL's newsletter mailing list, and your membership plaque will be sent to you. (\$350 minimum dues) Membership with MCAL includes membership with the National Center for Assisted Living (NCAL) and all mailings and member benefits associated with NCAL membership.

Please complete the information below:

Facility Name _____

Street Address _____

City _____ County _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Owner/Corporation Name _____

Owner/Corporation Address _____ City _____ State _____ Zip _____

Owner/Corporation Phone _____ Fax _____ Web _____

Number of Licensed HFA Beds _____ Number of AFC Beds/Units _____

Number of other Beds/Units _____ Indicate Type of Bed/Unit _____

Contact Person _____ Title _____

Who Referred You to MCAL? _____

Michigan Center for Assisted Living

Mission

To develop and sustain an Assisted Living culture which values autonomy, dignity, individuality, and privacy through effective communication, advocacy, and service.

Paying by credit card?

_____ MasterCard _____ Visa _____ Card # _____ \$ _____.

Expiration Date: _____ Print Cardholder Name: _____

Telephone: (_____) _____ Signature: _____

For Office Use Only Please: Date Application Received _____ Added to mailing list _____ Plaque Sent _____

Facility Representative Signature _____ Date _____