



Michigan Center for Assisted Living Membership Application

Community Information

Community Name _____

Address _____

City/Zip Code _____

County _____

Director _____

E-mail _____

Phone _____

Fax _____

Web Site _____

Who can we thank for referring you to MCAL? _____

Number of Units

Licensed HFA Units _____

Licensed AFC Units _____

Other Units _____

Total Units Operating _____

Membership is available to a community that provides assisted living services, either licensed or non-licensed. Dues are based upon a cost of \$0.117 per unit, per day (\$42.80 annually.)

Membership with MCAL includes membership with the National Center for Assisted Living (NCAL.)

Corporate Information

Corporation/Owner Name _____

Number of communities in Michigan _____

Address _____

City/State/Zip Code _____

President/CEO _____

E-mail _____

Phone _____

Fax _____

Application Fee

A one time fee of \$100 will be applied to each membership application submitted to MCAL. Communities applying for membership will be billed for this fee on their first quarterly dues invoice.

Please initial here to acknowledge your acceptance of this fee: _____

You will be mailed a quarterly dues invoice, pro-rated to the month in which your application is accepted, in your new member packet.

Terms of Membership

The community agrees to abide by the rules/mission/bylaws/constitution of the Association. Membership will continue until said membership is cancelled, in writing, either by the community or MCAL. By signing this application, the applicant agrees to the stated terms and conditions.

Signature _____

Date _____