

# American Assisted Living Nurses Association

## Corporate Membership Application

**Thank you for supporting nurses working in Assisted Living.**

If you have any questions, please contact Calvin Groeneweg at (707) 253-7299 for more information. After completing this application, please submit it to the address at the bottom of the page.

Name of corporation/company (as it will appear on Certificate of Membership, AALNA newsletters and AALNA website):

### CONTACT INFORMATION

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### MEMBERSHIP LEVEL

- National - \$30,000/annually
- Regional - \$15,000/annually
- Platinum - \$5,000/annually
- Gold - \$3,000/annually
- Silver - \$1,000/annually

### ANNUAL CONFERENCE SUPPORT

- Platinum - \$6,000
- Gold - \$3,500 (Two Available)
- Silver - \$3,000
- Bronze - \$1,500

### PAYMENT INFORMATION

Payment methods accepted: check, money order, credit card (Visa, MasterCard, Discover).

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_ MIC Code: \_\_\_\_\_

Signature: \_\_\_\_\_



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PO Box 10469 | Napa, CA 94581 | (707) 253-7299 | [www.alnursing.org](http://www.alnursing.org)