



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

- Silver - \$1000/annually
When registering individual nurses at your discounted rate, please be sure the reference your organization.
- Gold - \$3000/annually
When registering individual nurses at your discounted rate, please be sure the reference your organization.
When submitting this application please include your organization's brochures or other information that will be sent to all new AALNA members.
To arrange for your free ads in the AALNA newsletter and website, please contact Calvin@alnursing.org
- Platinum - \$5000/annually
When registering individual nurses at your discounted rate, please be sure the reference your organization.
When submitting this application please include your organization's brochures or other information that will be sent to all new AALNA members.
To arrange for your free ads in the AALNA newsletter and website, please contact Calvin@alnursing.org

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: _____

Signature: _____

American Assisted Living Nurses Association

PO Box 10469 | Napa, CA 94581 | (707) 253-7299 | www.alnursing.org