



<b>OFFICE USE ONLY</b>	
Invoiced	<input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
Paid	<input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
Check #	_____
CC Transaction#	_____

# Membership Application

## Membership Fee

Membership fee is due by the January 15<sup>th</sup> of each year. Membership dues are as follows: Individual \$35 per year; Business \$100 for up to 5 employees. Business may include different facilities/locations that fall under the same business umbrella.

## Membership Type

Business \$100 (5 members)      Invoice Required  Yes  No

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Website \_\_\_\_\_

## Members

1.Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

2.Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

3.Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

4.Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

5.Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Individual \$35      Invoice Required  Yes  No

Name \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Website \_\_\_\_\_

CC # \_\_\_\_\_ Exp. \_\_\_\_\_ CVC \_\_\_\_\_

Signature \_\_\_\_\_

Make Checks Payable to: Senior Care Alliance  
PO Box 10474  
Fort Smith, AR 72917

Tax ID 46-2074765  
Email: [info@arseniorcarealliance.org](mailto:info@arseniorcarealliance.org)