



2011 Membership Application

Complete this application for each Supportive Living Facility and return it with your dues payment based on rates below. Please include a billing address if different from below.

Name of Facility: _____

Street Address: _____

City: _____ Zip Code: _____ County: _____

Phone: _____ Fax: _____

E-mail: _____ Web Page: _____

Manager: _____ Marketing Director: _____

Director of Wellness: _____ Activities Director: _____

Sponsoring Organization/ Corporation: _____

Type of Organization: (check all that apply)

_____ operating facility

_____ approved facility – not yet open as SLF

_____ for-profit organization

_____ not-for-profit organization

Number of Units _____

Actual Occupancy (to date) _____

Name and Title of person completing this form: _____

Signature: _____ Date: _____

Dues: Certified SLF = \$42.50 per unit per year Early bird discount if paid by 2/1/11= \$42.00 per unit

Approved SLF = \$1200.00 per year per site (Facilities that have been approved, but are not yet open as SLF)
\$1150.00 per year per site (Early bird discount if paid by 2/1/11)

Please note: members of AALC are automatically granted membership in Life Services Network of Illinois.

Make checks payable to AALC

Send completed application and check to:

AALC 601 West Monroe Street Springfield, IL 62704