



2008 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: _____

Chief Executive Officer: _____

Administrator: _____

Sponsoring Organization Corporation: _____

Type of Organization: (check all that apply)

_____ operating facility

_____ approved facility – not yet open

_____ 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 Structure:

Certified SLF = \$40.45 per unit per year

Approved SLF = \$1123.50 per year per site (Facilities that have been approved, but are not yet open)

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

Make checks payable to AALC

Send application and check to:

AALC 601 West Monroe Street

Springfield, IL 62704