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Missouri Assisted Living Association

ASSOCIATE MEMBERSHIP APPLICATION

Company Name: _____ Phone: _____
 Address: _____ City: _____ State: _____
 Zip: _____ Fax: _____ Website: _____

Billing address same as above? Yes No (If no, provide billing address below)

Address: _____ City: _____
 State: _____ Zip: _____ Phone: _____

Contact Information

Primary Contact Name: _____
 E-Mail: _____ Phone: _____ Cell: _____
 Alternate Contact Name: _____ E-Mail: _____

Products/Services – Please describe your company’s interest in the assisted living industry:

How did you hear about MALA? _____

Annual Membership Dues: Associate membership dues are \$325. Membership is for a period of one year from the date of receiving this application and payment. You will be contacted by the MALA office once the application is received.

Effective May 1, 2024, a 3% convenience fee will be charged when paying with credit/debit card.

- Discover Visa MasterCard American Express

Credit/Debit Card Number: _____

Expiration Date: _____ Security Code (on back of card): _____

Signature: _____ (Required)

Please return this application and payment to the address or fax number above.