



646 Plank Road • Suite 203 • Clifton Park, NY 12065
Phone: (518) 371-2573
Website: <http://www.esaal.org>

Industry Partner Membership Application

Empire State Association of Assisted Living (ESAAL) offers membership to vendors of goods and services, academia, etc. that serve assisted living providers. The investment for Industry Partners is \$650 annually. Industry Partners may also extend membership benefits and communications for additional office/branch/locations subsidiary, or affiliate for an assessment of \$100 per location. Please attach list of the additional names that include contact person, address, phone, fax and email that you would like included in your membership and on ESAAL's Website.

As an Industry Partner, you are entitled to:

- ❖ Contacts for ESAAL's Adult Home/Enriched Housing/Assisted Living Provider Member's in New York State listed in an Excel spreadsheet
- ❖ Exhibitor Booth discount at ESAAL's annual conference and trade show
- ❖ Your Company Name listed on our Website for ESAAL Provider Members as well as public consumers viewing. Includes your business category, main company contact info and a live link to your website.
- ❖ Use of ESAAL IP Logo on your website or other collateral (with signed usage agreement)

Company Name: _____	Phone: _____
Street Address: _____	Fax: _____
City, State, Zip: _____	Cell: _____
Website: _____	_____

Company's Primary Contact Person:

Name: _____	Title: _____
Street Address: _____	Phone: _____
City, State, Zip: _____	Fax: _____
Email: _____	
Cell # _____	

All applications for membership must be approved by ESAAL's Board of Directors, who retain the right to accept or deny applicants.

Please include a 25-word description of your business' service, products, or interests here to be placed on our website:

Choose the category you'd like to be listed in from the list provided below. (Circle all that apply or choose Other)

Accountant	Activity Products	Architects	Consulting, Development	Consulting, Financial & Management
Consulting, Marketing	Facility Equipment & Systems	Facility Equipment Sales	Facility Management	Financial Services
Home Care	Imaging	Insurance	Legal	Medical Equipment & Supplies
Pharmaceutical Services	Procurement & Purchasing	Psychology	Real Estate & Investment Brokers	Real Estate Finance
Rehabilitation Services	Resident Referral	Senior Living Management	Software	Transportation Sales
Other please describe>				

Please tell us how you heard about ESAAL:

BILLING (Payment of 650.00 required at time of application)

- Option 1: I elect to pay my annual dues by check (enclosed)
- Option 2: I elect to pay my annual dues by credit card. Please return completed authorization form below.

Industry Partner dues are 650.00 per year and are required to be paid at the time that you join ESAAL. Your membership will automatically renew each year on the 1st of the month in which you joined unless you give us written notice prior to that date that you wish to cancel your membership. Invoices are due net 30 from the date of the invoice. ESAAL reserves the right to increase the annual dues when necessary and will provide a minimum of 30 days advance notice if that should happen.

Authorized by Signature:

Print Name:

Please return the completed application, and either a check payable to ESAAL or attached credit card authorization to:

ESAAL, 646 Plank Road, Suite 203, Clifton Park, NY 12065
Attention: **Karen Thornton**
Email: kthornton@esaal.org

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Empire State Association of Assisted Living

Care • Community • Connections • Every Day

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Credit Card Payment Authorization Form

Facility/Company Name: _____

Contact Person: _____

Phone No.: _____ Fax No: _____

Credit Card Information: *(Please note: ESAAL only accepts the following credit cards.)*

(Please Check) Visa Master Card Discover American Express

Industry Partner Dues Annual Payment: **\$650**

Amount for Credit Card Charge: _____ **\$650.00**

Required information for processing credit card:

Credit Card No: _____

CVV2 Code:

Expiration Date: _____ (The 3- or 4-digit code is located either on the front or back of the card.) _____

Name as listed on Card (Please Print): _____

Street Address of Authorized Cardholder: _____

City, State, & Zip Code: _____

I hereby authorize ESAAL to charge my credit card the amount indicated on this form for the purpose stated. Without a signature your credit card will not be processed.

Cardholder's Signature: _____

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