



NEW MEXICO • ALSO

Membership Application

Provider Member A licensed assisted living community/residence

Member Information: Please print or type below, your company’s contact information.
The contact person will receive New Mexico ALSO mailings (generally the Executive Director/Owner.)

Dues Structure (please check one): Membership term is January – December and is automatically renewed.
Make checks payable to: A.L.S.O. 3609 Lafayette, NE, Albuquerque, NM 87107

- \$100.00 per year minimum up to 10 beds, then \$10.00 per bed up to 35 beds.
- \$350.00 flat yearly rate (36 beds or more)

****If Joining after January, call the office for your pro-rated amount due** (new members only)**

Date of Application _____

Facility/Community _____ total # of beds: _____

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

County: _____ Phone: _____ Fax: _____

Email: _____ Website: _____

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If more than one location, please attach list of locations including # of beds for each location to ensure proper listing on our member list AND attach a copy of your license for each location
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CEO and/or Administrator (Main Point of Contact)

Name: _____ Title: _____

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

County: _____ Phone: _____ Fax: _____

Email: _____ Website: _____

Billing Contact (complete only if different from above)

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

County: _____ Phone: _____ Fax: _____

Email: _____ Website: _____

Is billing contact part of a multiple campus facility/corporation? Yes No Name of Corporation: _____

As a NM ALSO member, you will receive all our mailings and services including the NM ALSO newsletter, a listing on our website, timely Assisted Living news and policy alerts, training and education programs, annual Conferences, discounted Assistance with Medication testing and Transportation testing.

Remittance

- Check enclosed payable to ALSO.
- Charge (check One) MasterCard Visa American Express

Exp. Date _____

Card Number _____

Cardholder Name: _____

Billing Address/Zip for Cardholder _____

Authorized Signature: _____

Return application with payment to: ALSO

3609 Lafayette, NE
 Albuquerque, NM 87107
 Phone: 505-296-7559
 Fax: 505-828-1091

ALSO Membership Guidelines

Each member subscribes to the following guidelines as set forth by the ALSO organization

- The member maintains Workers Compensation as required by law.
- The member maintains professional liability insurance.
- The member follows a non-discrimination policy in the hiring of employees and the admission of residents as required by law.

And that the member abides by all NM State Regulations governing Assisted Living Facilities including, but not limited to:

- continuing education and training of its employees to better serve its residents.
- employment reference checks on its employees prior to employment (COR)
- that each direct care employee is properly fingerprinted.
- a written service plan for each resident stating the level of care to be provided.
- operating the home/center in a fiscally responsible manner.
- The property maintains and displays a valid operating license issued from the NM Department of Health Facility & Licensing Certification

I certify that my home/community is in compliance with the Membership Guidelines as prescribed above and that I wish to be accepted for membership in ALSO.

Date: _____

Chief Executive Officer's or Administrator's Signature: _____

If you have questions, please call us at 505-296-7559

