

Assisted Living Services Organization
5500 San Mateo Blvd., NE Suite 114
Albuquerque, NM 87109
(505) 296-7559 Fax (505) 829-1091

MISSION STATEMENT: To exist as a nonprofit organization to represent licensed residential care homes, their operators and owners, residents and concerned parties involved with residential care homes. To improve care, provide training and education, network resources, provide input for regulations and coordinate efforts with national, state and local authorities for improved communication and understanding of concerns.

Thank you for being involved. Your commitment to improve the care in residential homes is supported through this Association.

INDUSTRY PARTNER MEMBERSHIP

ALSO has an industry partner membership available for businesses that support the Assisted Living industry. Membership term is January - December each year.

For being a Standard Business Member, you receive:

- Consumer and Assisted Living Facility referrals for your services
- Opportunity to advertise in the monthly e-newsletter once per quarter at no cost and monthly for a nominal fee
- First opportunity to participate as a vendor or sponsor at the annual ALSO conference
- Opportunity to display your brochures in the communities of our ALSO Members
- Opportunity to sponsor educational workshops for our members and their staff
- Your contact information provided on our Website for consumer referrals
- Most importantly, your membership fee supports our non-profit, volunteer organization in the effort to educate, provide networking support, and legislative advocacy for all Assisted Living communities throughout New Mexico and their staff.

Two different types of Industry Partner memberships are available:

- Standard Industry Partner Membership
Annual Dues (January - December): \$150.00
- Non-profit (Must provide proper documentation)
Annual Dues (January - December): \$50.00

If you wish to become an Industry Partner, please check the appropriate box above, fill in the information below, and mail it to the Association address with your payment.

BUSINESS MEMBERSHIP

Business Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code:

Phone: _____ Fax: _____

E-Mail: _____

Type of Business: _____

You may also complete this form online at www.alsonm.org