

“As Horizon Bay has broadened its scope of health care in Texas, we have found TALA to be a critical component to our expansion process. TALA keeps us up to date on legislative changes and opportunities, gathers information from Horizon Bay and other licensed providers on how we want to influence the lawmaking process in Texas, and, most importantly, listens to us. I have confidence that the voice of TALA echoes the voice of Assisted Living providers all across the state.”

*Tiffany Cobern,
Senior Vice President of
Operations*



Texas Assisted Living Association
4505 Spicewood Springs Rd., Ste. 250
Austin, TX 78759

TEXAS ASSISTED LIVING ASSOCIATION



**Industry Partner
Membership**



Tel: (512) 653- 6604 Fax: (512) 342- 2858



TALA is the official state chapter of the Assisted Living Federation of America (ALFA). ALFA is the largest national association representing the assisted living industry. ALFA serves executives of companies that operate professionally-managed communities for seniors. ALFA's mission is to continually raise the bar for operational excellence, serve as the voice for the senior living industry, and advocate for informed choice, quality care and accessibility for all Americans who need assistance with long-term care.

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Membership Benefits

Basic Partner

- All mailings and alerts
- Listing in resource guide
- Seat on Industry Partner Council
- Subscription to annual member directory
- Subscription to TALA newsletter (4)
- Member price on all education programs
- Listing on website with link to IP website
- Opportunity to host training event
- 20% discount on trade show booth
- Listing in conference program
- Invitation to provider reception
- 50% discount on conference registration (\$200)

Sustaining Partner

All of the Basic Partner Benefits as well as:

- Full page ad in member directory
- Two half page ads in the newsletter
- 50% discount on trade show booth/ Choice of booth location
- Half page ad in conference program
- Two free conference registrations (\$700)
- Invitation to Advisory Board Reception

Industry Partner Membership

Company Name _____

Contact Name _____

Address _____

Phone _____ Fax _____

Email _____

- Basic Partner \$500
 Sustaining Partner \$1,000

Method of Payment

- Check
 Bill Me
 Visa
 MasterCard
 American Express

Credit Card # _____ Exp. date _____

Card Holder _____

Signature _____

Services Provided *Please check appropriate spaces*

- | | | |
|---------------------------|-------------------|---------------------------|
| ___ Advertising | ___ Employee | ___ Marketing |
| ___ Architectural | ___ Employee | ___ Medication Management |
| ___ Bath/Shower Enclosure | ___ Food/Beverage | ___ Monitoring |
| ___ Construction | ___ Furniture | ___ Pharmaceutical |
| ___ Consulting | ___ Home | ___ Real Estate |
| ___ Dental | ___ Insurance | ___ Site Development |
| ___ DME, Supplies | ___ Interior | ___ Training Materials |
| ___ Emergency | ___ Legal | ___ Transportation |

