



Your Trusted *Senior Living* Resource

INDUSTRY PARTNER MEMBERSHIP APPLICATION

FSLA's Industry Partner members are a significant part of our team and support the advancement of the association's mission and vision -- to recognize, promote and increase professionalism and standards of excellence in assisted living, memory care and independent living communities.

PLEASE COMPLETE THIS FORM AND RETURN WITH A CHECK OR CALL FOR CREDIT CARD PMT

Company Name: _____ Parent Company: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Phone: _____ Cell: _____

Email: _____ Website: _____

SPONSORSHIP LEVEL:

- | | |
|---|--|
| <input type="checkbox"/> Premier Partnership \$25,000 | <input type="checkbox"/> Associate \$3,000 |
| <input type="checkbox"/> Strategic Partnership \$10,000 | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Partner \$5,000 | |

SELECT PAYMENT TYPE:

- Check (Payable to Florida Senior Living Association or FSLA and remit to address below)
- Credit Card Payment: An invoice and PayPal payment link will be emailed to the contact specified below upon receipt of this completed form. Invoices are due upon receipt. Call Kristin Quirk at 850-708-4972 if you have questions. Note: a 3% fee will be added to credit card transactions.

Credit Card Contact Name: _____ Phone: _____

TOTAL DUES PAID: \$ _____

Dues to FSLA are not tax deductible as charitable contributions for federal income tax purposes.

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INTERESTED IN SERVING ON THE INDUSTRY PARTNER COMMITTEE? Yes No

The Industry Partner Committee is a standing committee within the FSLA organization. The Chair of the Committee will serve on the FSLA Board of Directors. The Committee will assist with the growth and development of the Florida Senior Living Conference Exhibit Show and Sponsorship Program. The Committee will also collaborate with the Education Committee to provide ideas and suggestions for Webinars, Statewide Educational Workshops and Regional Meetings.

COMPANY PRODUCT OR SERVICE DESCRIPTION: Provide a brief description of your company's products and services (80 words or less please):

SELECT ALL APPLICABLE CATEGORIES BELOW

- | | |
|---|---|
| <input type="checkbox"/> Business Services | <input type="checkbox"/> Maintenance & Housekeeping |
| <input type="checkbox"/> Commercial Real Estate | <input type="checkbox"/> Marketing & Sales |
| <input type="checkbox"/> Construction, Renovation & Restoration | <input type="checkbox"/> Pharmacy Services |
| <input type="checkbox"/> Design & Development | <input type="checkbox"/> Recognition & Rewards |
| <input type="checkbox"/> Food Services | <input type="checkbox"/> Relocation & Transportation Services |
| <input type="checkbox"/> Health & Wellness | <input type="checkbox"/> Safety/Security |
| <input type="checkbox"/> Home Health Agency | <input type="checkbox"/> Technology Solutions |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Television Equipment & Services |
| <input type="checkbox"/> Legal Services | <input type="checkbox"/> Telecommunications Services |

PLEASE ADD MY STAFF TO THE DATABASE TO RECEIVE COMMUNICATIONS:

Name: _____ Title: _____

Email: _____

Name: _____ Title: _____

Email: _____

Name: _____ Title: _____

Email: _____