



1909 E. Ray Road #9-50, Chandler, AZ 85225

**Mission Statement:** *To unite, help and make a difference in assisted living community*

**Vision Statement:** *An established organization with members working together as a team to achieve a common goal of providing high standard of quality service based on integrity, honest business conduct and committed to improvement of our facilities, organization and its members and the assisted living community.*

**MEMBERSHIP APPLICATION**

Annual Membership Fee: \$120.00 (CEU, Marketing, Website) Additional Fee \$50.00 each home (1 hr. Yearly Monitoring, Optional)  
( ) Care home owner ( ) Manager ( ) Affiliate/s

Please mail completed application and send your check to: ALHO  
[\(alhoofarizona@gmail.com\)](mailto:alhoofarizona@gmail.com)

Contact Person \_\_\_\_\_ Cell # \_\_\_\_\_

Alternate Phone # \_\_\_\_\_ Fax# \_\_\_\_\_ E-mail \_\_\_\_\_

Care Home/ Company Name: \_\_\_\_\_

Location 1: \_\_\_\_\_ Location 2: \_\_\_\_\_  
Address: \_\_\_\_\_ Location 3: \_\_\_\_\_  
\_\_\_\_\_ Location 4: \_\_\_\_\_

*If more than 1 locations: Please provide only Facility name, City and phone # for inquiries.*

Website Address if any: \_\_\_\_\_

Classification/s: \_\_\_ Assisted Living Home \_\_\_ Other: \_\_\_\_\_

How long in Business? \_\_\_\_\_ Bed capacity: \_\_\_\_\_ \_\_\_ Not applicable

Services Provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALTCS contract? \_\_\_ Bridgeway \_\_\_ Scan \_\_\_ Evercare \_\_\_ Mercy Care Other: \_\_\_\_\_

House Doctor? \_\_\_\_\_

Accept Hospice? \_\_\_\_\_

**Payment Information: Cash \$** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Other:** \_\_\_\_\_

Approved by: \_\_\_\_\_  
ALHO Representative

\_\_\_\_\_  
Manager or Owner's Signature      Date