



ASSOCIATE MEMBER APPLICATION

Thank you for your interest in becoming a Kentucky Senior Living Association (KSLA) associate member! KSLA is proud to be the only organization in the Commonwealth that is solely dedicated to representing senior living communities including assisted living communities, apartment-style personal care homes, memory care communities, independent living communities, and retirement communities. KSLA's Core Values are to be accountable, be good stewards, exhibit enthusiastic service, behave with integrity, and demonstrate respect for all. KSLA is the Kentucky state affiliate of ARGENTUM (<https://www.argentum.org/>).

KSLA's associate member program is designed to benefit vendors and businesses which do not own, operate or manage communities. The membership services and benefits ensure your company receives a significant return on your twelve-month dues investment.

Please complete and return this application, along with your \$400 KSLA annual dues investment to:

**KSLA, 133 Evergreen Road, Suite 212, Louisville, KY 40243 or
KSLA@KentuckySeniorLiving.org**

If you have questions or comments, please call KSLA at **502.938.5102**.

Company Name: _____

Type of Business/Service: _____

Contact Person and Title: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____ Fax Number: _____

E-Mail Address: _____

Website Address: _____

Referred By: _____

Kentucky Senior Living Association (KSLA)

133 Evergreen Road, Suite 212

Louisville, KY 40243

502.938.5102 • 502.805.0589 (fax)

KSLA@KentuckySeniorLiving.org

www.KentuckySeniorLiving.org



ASSOCIATE MEMBER DUES CREDIT CARD PAYMENT FORM

For your convenience, we accept payments via credit card. If you would like to pay your dues with a credit card, please print or type the following information:

Credit Card Type:

- Master Card
- Visa
- American Express
- Discover

Card Number: _____

Expiration Date (MM/YY): _____ **CVV Code:** _____

Name on Card (First Name/Last Name): _____

Business Name (if a company card): _____

Credit Card Billing Address: _____

City/State/Zip: _____

Country: _____

Phone: _____ **Fax:** _____

E-mail Address: _____

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