

# SCALA



# MEMBERSHIP



OFFER GOOD THROUGH JUNE 30 FOR NON-MEMBERS ONLY. OFFER DOES NOT APPLY TO ANY COMMUNITIES ALREADY PART OF SCALA.

## WHY JOIN OUR MEMBERSHIP?

ARE YOU A PROVIDER OR ADVOCATE FOR QUALITY ASSISTED LIVING IN SOUTH CAROLINA? **SCALA IS YOUR VOICE, YOUR SUPPORT, AND YOUR NETWORK.** INVEST IN YOURSELF AND YOUR COMMUNITY THROUGH CONNECTION, EDUCATION, AND ADVOCACY.

### BENEFITS ONLY OFFERED THROUGH JUNE :

- Free registration for 1 webinar for 1 individual with new membership paid by June 30
- \$25 off fall convention registration for each registered attendee employed in new member community.
- Any facility with regular dues exceeding \$1500 (70 beds or More) can offer a half-off discount on sister properties from their company instead of taking the 25% discount.
- 50% off documentation manuals
- Highlight new member on SCALA social media.

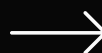
### MEMBERSHIP

# SPECIAL

## 25% OFF

THROUGH JUNE 30 ONLY

JOIN US IN OUR MISSION TO FOSTER EXCELLENCE IN ASSISTED LIVING CARE THROUGHOUT SOUTH CAROLINA.



803-851-6308  
[WWW.SCASSISTEDLIVING.ORG](http://WWW.SCASSISTEDLIVING.ORG)  
[SCALA@SCASSISTEDLIVING.ORG](mailto:SCALA@SCASSISTEDLIVING.ORG)

**SUPPORTING THE PROFESSIONALS WHO SUPPORT OUR SENIORS.**

# PROVIDER APPLICATION

PO Box 4561 Irmo, SC 29063

Ph: (803)851-6308

Fax:(803)753-9296

SCALA@scassistedliving.org



■ **Member information** *Take 25% off of Current Rates: 17 beds or less - \$350 flat rate, 18+ beds- \$21 per licensed bed. Offer good through June 30 only.*

Community/Company Name:

Address :

Phone :

E-Mail :

Website :

Primary Contact :

Title :

Accept Medicaid? ☐ Yes ☐ No ☐ Other \_\_\_\_\_

Total # of licensed (by DHEC) beds: \_\_\_\_\_ Type of Ownership: ☐ Private ☐ Partnership ☐ Non-profit

Management Company or Owner:

Contact Person:

Title:

Email:

Executive Director:

Email:

Regional Director:

Email:

Other staff :

Email:

■ **Payment Information** *Please mail payment and application to: SCALA, PO Box 4561, Irmo, SC 29063 or email to SCALA@scassistedliving.org or fax to 803-753-9296*

Total Due : \$ \_\_\_\_\_ ☐ Check # \_\_\_\_\_ ☐ Credit Card ☐ Paypal

CC # :

Exp Date :

Name :

Email for receipt :

Signature :



Scan. Pay. Go.