

OKLAHOMA SENIOR LIVING ASSOCIATION

2024 Industry Partner Application

Company Information

Company Name:	<input type="text"/>		
Address:	<input type="text"/>		
City, State, Zip:	<input type="text"/>		
Phone:	<input type="text"/>	Fax:	<input type="text"/>
Website:	<input type="text"/>		

Primary Contact - *One primary contact will receive ALL mailings. However, all employees are considered members.*

Contact Person:	<input type="text"/>	Title:	<input type="text"/>
Email:	<input type="text"/>		

Other Contacts - *Individual's you would like to receive emails and other communication. You may attach a separate sheet.*

Other Contact:	<input type="text"/>	Title:	<input type="text"/>
Email:	<input type="text"/>		
Other Contact:	<input type="text"/>	Title:	<input type="text"/>
Email:	<input type="text"/>		
Other Contact:	<input type="text"/>	Title:	<input type="text"/>
Email:	<input type="text"/>		
Other Contact:	<input type="text"/>	Title:	<input type="text"/>
Email:	<input type="text"/>		

Billing Information *(where invoices should be mailed for prompt payment)*

Company:	<input type="text"/>	Attn/Care of	<input type="text"/>
Address:	<input type="text"/>		
City, State, Zip:	<input type="text"/>		

2024 Industry Partner Dues

Industry Partner Dues

2024 Dues *(If you upgrade your Membership Dues, the \$425 is included in the cost below)* \$ _____

OR **Optional** Membership Upgrade - 2024 OKALA Preferred Partner

Yes, Upgrade my membership to: \$ _____

Gold Partner - \$2,500 Platinum Partner - \$4,000

Total 2024 OKSLA Dues \$ _____

2024 Payment Arrangement Option Request - Please check your payment choice if applicable

Industry Partner Dues are due in Full PRIOR to February 1, 2024 unless you are upgrading your membership to a Bronze, Gold or Platinum Partnership. If you have upgraded, you may request a payment option below:

Quarterly Payments - 4 quarterly payments (ONLY available on upgrades)

due February 1, April 1, July 1 and October 1, 2024 (A \$25 late fee will be assessed on payments over 15 days past due date)

Please Note

Membership begins upon receipt of payment. Discounts will NOT be honored unless you are current on payment arrangements.

Authorization/Acknowledgement

I understand that by becoming an OKSLA member, my company consents to receive communications by or on behalf of OKSLA duly authorized agents or designees, via postal mail, fax, email and/or telephone.

I testify that I am authorized to renew membership with OKSLA and can take responsibility for this payment arrangement for my company. I understand that my signature guarantees payment of dues in full within the 2024 calendar year.

Please have Argentum contact me regarding membership.

Authorized Signature for all terms of Membership

Date

Printed Name

Email Address

Company Category (please circle the category that best describes your business)

Ancillary Services	Education/Training	Hospice Services	Real Estate
Architecture/Design Services	Emergency Call	Imaging Services	Referral Services
Assisted Living Software	Energy Conversation	Insurance Services	Staffing/Employment
Chemical/Supplies	Entertainment	Landscaping Services	Transportation
Cleaning Services	Eye Care Services	Management Services	Veteran Services
Computer/Internet Services/ TV Services	Furnishing/Equipment Suppliers	Moving Services	Water Services
Communication Services	Financial/Tax Services	Pharmacy Services	Other: _____
Contracting/Construction Services	Health/Medical Supplies	Public/Government Relations	_____
Dental Services	Home Care Services	Physicians	

Please provide a 25 word description of your company. You can attach a separate sheet.

Thank You For Your Industry Partner Application!!! Please return this form to OKSLA at:

**P.O. Box 18576
Oklahoma City, OK 73154**

or

**Fax to:
(800) 375-6788**

or

**Email:
mholland@okala.org**