



2026 Membership Application

(Please type or print)

Facility name: _____

Facility Classification: Assisted Living Home for the Aged Number of Beds: _____

Is your facility:

Multifacility Hospital-based State-owned Independently Owned Not for Profit

Facility Locality:

Rural Urban

Does your facility provide Medicaid-funded assisted living services? Yes No

Mailing Address: _____
City State Zip

Street Address: _____
(if different from mailing address) City State Zip

Telephone: _____ **Fax:** _____

Administrator: _____

Administrator's company email address: _____

Owner's Name: _____

Owner's Address: _____
City State Zip

Managed by: _____

Management Address: _____
City State Zip

Management Telephone: _____

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For each of the following additional services, check the ones that your facility provides and how they are funded.

Category	Service offered by facility?	If so, how is the service funded?		
		Private pay	State options program	Medicaid waiver
Adult day care				
Personal care services				
Homemaker services				
Inpatient respite care				
Memory Care unit				
Hospice care				
Independent living				
Child care center				
Cottages/Villas				

2026 Membership Dues

Your TNCAL membership includes affiliation with the American Health Care Association/National Center for Assisted Living (AHCA/NCAL). Dues are based on the number of beds for which the facility is licensed. If your facility is part of a corporation that operates multiple assisted living facilities or nursing homes in Tennessee, please contact THCA/TNCAL's Membership Services Department at (615) 834-6520 for more information about dues.

NCAL Dues: _____ X \$11.44= \$ _____
(No. of beds)

TNCAL Dues: _____ X \$15.50 = \$ _____
(No. of beds)

Annual base rate = \$97.50

Annual total dues = \$ _____

I hereby apply for active membership in the Tennessee Center for Assisted Living. I understand this application will be reviewed and must be approved by the TNCAL Board of Directors. If this application is accepted, I agree to abide by TNCAL bylaws.

(signature)

(title)

(date)