



# Associate Business Member APPLICATION



Name of Company \_\_\_\_\_ Application Date \_\_\_\_\_

Membership Contact \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

AHCA/NCAL reserves the right to deny this application for membership under the conditions specified in its Bylaws. AHCA/NCAL bylaws require all long term care facilities owned by Association Business Members to be members of the appropriate Affiliate Association(s).

Does your company own and/or operate long term care or senior living communities? \_\_\_ YES \_\_\_ NO  
If yes, are all communities provider members of the appropriate Affiliate Associations? \_\_\_ YES \_\_\_ NO

### Specify Industry:

<b>Facility Management &amp; Operations:</b> <input type="checkbox"/> Architecture & Interior Design <input type="checkbox"/> Consultant <input type="checkbox"/> Education/Training <input type="checkbox"/> Emergency Call <input type="checkbox"/> Employment/Recruitment <input type="checkbox"/> Finance <input type="checkbox"/> Foodservice <input type="checkbox"/> Group Purchasing <input type="checkbox"/> Insurance/Risk Management <input type="checkbox"/> Legal Services <input type="checkbox"/> Marketing <input type="checkbox"/> Publications <input type="checkbox"/> Security/Monitoring <input type="checkbox"/> Technology/Software <input type="checkbox"/> Television/Internet Services <input type="checkbox"/> Time & Attendance <input type="checkbox"/> Transportation	<b>Facility Maintenance:</b> <input type="checkbox"/> Design/Build/Remodel <input type="checkbox"/> Environmental Supplies & Services <input type="checkbox"/> Facility Maintenance <input type="checkbox"/> Flooring/Carpet <input type="checkbox"/> Furnishings <input type="checkbox"/> Heating & Cooling <input type="checkbox"/> Housekeeping/Laundry <input type="checkbox"/> Linens & Textiles <input type="checkbox"/> Sanitation <input type="checkbox"/> Uniforms <input type="checkbox"/> Waste Management	<b>Resident Care:</b> <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Dementia Care <input type="checkbox"/> Diagnostic Services <input type="checkbox"/> Fall Detection/Prevention <input type="checkbox"/> Hospice <input type="checkbox"/> Infection Control <input type="checkbox"/> Laboratory Services <input type="checkbox"/> Medical Supplies & Equipment <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Nutrition <input type="checkbox"/> Oral Health <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Physician Services <input type="checkbox"/> Rehabilitation/Therapy <input type="checkbox"/> Skin Care/Incontinence <input type="checkbox"/> Telehealth <input type="checkbox"/> Wound Care
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Indicate Annual Membership Dues:  Bronze \$2,266  Silver \$5,665  Gold \$10,815

### Payment Methods:

➤ Send credit card information via secure fax: 202.842.9806 or call Jen Humphrey with the number @ 202.898.2823  
 Visa  MasterCard  American Express

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Name \_\_\_\_\_ CVV: \_\_\_\_\_

Cardholder Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

➤ Send a check (made payable to AHCA) to:

American Health Care Association, Attention: Finance, PO Box 791724, Baltimore, MD 21279-1724