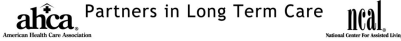




Associate Business Member



Membership Application

Please provide the following information:

Name of Company _____

Contact Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____ Website (if applicable) _____

Specify Industry:

<p>Facility Management & Operations:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consultant <input type="checkbox"/> Education/Training <input type="checkbox"/> Employment/Recruitment <input type="checkbox"/> Finance <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"/> Technology/Software 	<p>Facility Maintenance:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Design/Build/Remodel <input type="checkbox"/> Environmental Supplies & Services <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"/> Uniforms 	<p>Resident Care:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Foodservice <input type="checkbox"/> Hospice <input type="checkbox"/> Medical Supplies & Equipment <input type="checkbox"/> Nutrition <input type="checkbox"/> Oral Health <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Rehabilitation/Therapy <input type="checkbox"/> Security/Monitoring <input type="checkbox"/> Skin Care/Incontinence <input type="checkbox"/> Television Service <input type="checkbox"/> Transportation
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Please attach a 25 word company description to be used for the online Purchasing Guide

Annual Membership Investment:

- Bronze: \$2,200
- Silver: \$5,500
- Gold: \$10,500

Payment Method: Visa MasterCard American Express
Credit Card # _____ Exp. Date _____

Name as it appears on card _____

Signature _____

Check enclosed (make check payable to AHCA)

Please send payment to: American Health Care Association, Attention: Sharon Purvis, 1201 L Street, NW, Washington, D.C. 20005 Main Phone: (202) 842-4444 • Main Fax: (202) 842-9806

*For AHCA use only: Sales Office _____ Date Submitted: _____ Expires: _____