



ASSOCIATE BUSINESS MEMBER

PARTNERS IN LONG TERM CARE



2027 MEMBERSHIP APPLICATION

Application Date:

____ / ____ / ____

MEMBERSHIP CONTACT

Contact Name:

Contact Title:

Contact Email:

Contact Phone:

COMPANY INFORMATION

Company Name:

Company Address:

Company Phone:

Company Email:

Company Website:

Company Description:

INDUSTRY CATEGORY

SELECT CATEGORY FROM DROPDOWN LIST

MEMBERSHIP LEVEL

SELECT MEMBERSHIP LEVEL

BYLAW REQUIREMENTS

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? (Y/N) YES

IF YES, ARE ALL COMMUNITIES PROVIDER MEMBERS OF THE APPROPRIATE AFFILIATE ASSOCIATIONS? (Y/N) YES

PAYMENT INFORMATION

Card Type: SELECT CARD TYPE

Card Number:

EXP Date:

CVV:

Card Holder Name:

Card Holder Address:

City / State / Zip:

Phone Number:

Card Holder Signature:

ADDITIONAL PAYMENT INFORMATION

- You may also send via a secure fax at (202) 842-9806 or call Jen Humphrey at (202) 898-2823.

- To send a check (make payable to AHCA), send to:
American Health Care Association, Attention: Finance, PO Box 791724, Baltimore, MD 21279-1724

IN COMPLIANCE WITH SECTION 6033 (E) OF THE INTERNAL REVENUE CODE (IRC), THE AMERICAN HEALTH CARE ASSOCIATION REASONABLY ESTIMATES THAT 25.0% OF THE 2027 AHCA DUES WILL BE SPENT ON LOBBYING AND OTHER EXPENDITURES SUBJECT TO SECTION 162(E)(1) OF THE IRC. THEREFORE, THIS PORTION OF THE AHCA DUES IS NOT DEDUCTIBLE FOR FEDERAL INCOME TAX PURPOSES.

SUBMIT FORM

THANK YOU FOR YOUR PARTNERSHIP!



VISIT OUR WEBSITE AT WWW.AHCANCAL.ORG



FOR MORE WAYS TO GET INVOLVED,
CONTACT SALES@AHCA.ORG

