



# 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:

<p><b>Facility Management &amp; Operations:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Architecture &amp; Interior Design</li> <li><input type="checkbox"/> Consultant</li> <li><input type="checkbox"/> Education/Training</li> <li><input type="checkbox"/> Emergency Call</li> <li><input type="checkbox"/> Employment/Recruitment</li> <li><input type="checkbox"/> Finance</li> <li><input type="checkbox"/> Foodservice</li> <li><input type="checkbox"/> Group Purchasing</li> <li><input type="checkbox"/> Insurance/Risk Management</li> <li><input type="checkbox"/> Legal Services</li> <li><input type="checkbox"/> Marketing</li> <li><input type="checkbox"/> Publications</li> <li><input type="checkbox"/> Technology/Software</li> <li><input type="checkbox"/> Telehealth</li> <li><input type="checkbox"/> Television/Internet Services</li> <li><input type="checkbox"/> Time &amp; Attendance</li> <li><input type="checkbox"/> Transportation</li> </ul>	<p><b>Facility Maintenance:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Design/Build/Remodel</li> <li><input type="checkbox"/> Environmental Supplies &amp; Services</li> <li><input type="checkbox"/> Facility Maintenance</li> <li><input type="checkbox"/> Flooring/Carpet</li> <li><input type="checkbox"/> Furnishings</li> <li><input type="checkbox"/> Heating &amp; Cooling</li> <li><input type="checkbox"/> Housekeeping/Laundry</li> <li><input type="checkbox"/> Interior Design Solutions</li> <li><input type="checkbox"/> Linens &amp; Textiles</li> <li><input type="checkbox"/> Oral Health</li> <li><input type="checkbox"/> Sanitation</li> <li><input type="checkbox"/> Uniforms</li> <li><input type="checkbox"/> Waste Management</li> </ul>	<p><b>Resident Care:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dementia Care</li> <li><input type="checkbox"/> Diagnostic Services</li> <li><input type="checkbox"/> Fall Detection/Prevention Systems</li> <li><input type="checkbox"/> Foodservice</li> <li><input type="checkbox"/> Hospice</li> <li><input type="checkbox"/> Infection Control</li> <li><input type="checkbox"/> Laboratory Services</li> <li><input type="checkbox"/> Medical Supplies &amp; Equipment</li> <li><input type="checkbox"/> Miscellaneous</li> <li><input type="checkbox"/> Nutrition</li> <li><input type="checkbox"/> Oral Health</li> <li><input type="checkbox"/> Pharmaceutical</li> <li><input type="checkbox"/> Physician Services</li> <li><input type="checkbox"/> Rehabilitation/Therapy</li> <li><input type="checkbox"/> Security/Monitoring</li> <li><input type="checkbox"/> Skin Care/Incontinence</li> <li><input type="checkbox"/> Television Service</li> <li><input type="checkbox"/> Wound Care</li> </ul>
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Indicate Annual Membership Dues:  Bronze \$2,200  Silver \$5,500  Gold \$10,500

Payment Method:  Visa  MasterCard  American Express

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

Credit Card Security Code \_\_\_\_\_

Cardholder Name \_\_\_\_\_

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

Cardholder \_\_\_\_\_

Signature \_\_\_\_\_

Send to secure fax with credit card information: 202.842.9806  
 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

\*For AHCA use only: Sales Office \_\_\_\_\_ Date Submitted: \_\_\_\_\_ Expires: \_\_\_\_\_