

## Facility Member Application

Facility members enjoy all the privileges of membership: receipt of publications, services, participation on committees, state and District meetings, and event registrations at reduced member rates. Any employee of the facility is included as a member.

### Instructions

Please complete this form and submit with dues payment.

Center Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Administrator Name \_\_\_\_\_ Title \_\_\_\_\_

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

Management Company \_\_\_\_\_

Type \_\_\_\_\_

*Proprietary, Chain, Independent Proprietary, Non-Profit, Hospital Affiliated*

Licensed Nursing Facility Beds # \_\_\_\_\_ Nursing Facility State License # \_\_\_\_\_

Licensed Assisted Living Beds # \_\_\_\_\_ Assisted Living State License # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Payment Options

Check Enclosed (*made payable to VHCA-VCAL*)

MC / Visa / AmEx / Discover

Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

(Company Name) \_\_\_\_\_ hereby applies for Facility Membership in VHCA-VCAL, agreeing to comply with all the rules and procedures as stated in VHCA Bylaws and amendments thereto, and to respect high standards of service.

### For VHCA-VCAL use only.

Endorsed by: \_\_\_\_\_