



Membership Application

Associate Business Member

ahca Partners in Long Term Care ncal

Expires December 31, 2004

Please provide the following information:

Name of Company _____

Contact Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____ Website (if applicable) _____

Specify Industry:

- | | |
|--|---|
| <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Medical Supplies and Equipment |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Design/Build/Remodel | <input type="checkbox"/> Rehabilitation/Therapy |
| <input type="checkbox"/> Environmental Supplies and Services | <input type="checkbox"/> Recruitment/Employment |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Security/Monitoring |
| <input type="checkbox"/> Insurance/Risk Management | <input type="checkbox"/> Skin Care/Incontinence |
| <input type="checkbox"/> Furniture/Furnishings | <input type="checkbox"/> Technology/Software |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Legal Services | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Linen/Carpet | |

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) 898-6302

Source Code: AB04P