



2012 ASSOCIATE MEMBER APPLICATION

Company Name: _____
Address: _____ City, State: _____ Zip: _____
Phone: _____ Fax: _____ Website: _____
Contact Person: _____ Contact Person's Email: _____

Company Category (circle up to 3)

Management and Operations

- Accounting
Cost Reporting/Billing
Consulting Services
Education and Training
Group Purchasing
Insurance/Risk Management
Legal Services
Marketing
Publishing
IT/Software

Maintenance

- Engineering, Design & Architecture
Environmental Supplies & Services
Clothing/Uniforms
Flooring/Carpeting
Furniture
Heating & Cooling
Housekeeping/Laundry
Linens & Textiles

Resident Care

- Foodservice
Hospice
Medical Supplies & Equipment
Nutrition
Oral Health
Physician Services
Pharmaceuticals
Rehabilitation/Therapy
Security/Monitoring
Transportation
Wound Care

IHCA E-Newsletter Distribution List

Please include the following email address on the distribution list for the IHCA IMPACT and other electronic communications:

_____, _____, _____
_____, _____, _____

IHCA Committee Participation (circle up to 2)

- Payment/Reimbursement Committee
Human Resources/Education Committee
Regulatory/Clinical Committee
Government Affairs Committee

IHCA Associate Member Council

- ___ Yes, I want to serve on and participate in meetings of the IHCA Associate Member Council
___ I am unable to actively participate on the IHCA Associate Member Council at this time but would like to receive information on the council's activities

2011 Associate Member Dues (circle one) Standard Member - \$500 Key Member - \$2,500

Dues for Associate Membership are collected on an annual basis and provide Associate Members benefits from the date of membership approval by the IHCA Board of Directors to December 31, 2012. Please be advised that pursuant to Federal tax law dues spent on lobbying and other related costs are not deductible for federal income tax purposes. The IHCA reasonably estimates that 25% of dues were spent on lobbying costs for 2011. The IHCA will make available to Associate Members its reasonable estimate of lobbying costs for 2012 at the end of 2012.

Agreement and Payment

I understand that submission of this application is not a guarantee of IHCA membership and that this application must be approved by the IHCA Board of Directors. Approval of membership does not constitute endorsement by the IHCA of applicant or its products and/or services. I understand that membership benefits are only to be used by the applicant and its employees and that any misuse of membership rights and benefits may result in membership termination. If this application is approved, IHCA may use applicant's information in IHCA membership directories (both electronic and printed), and applicant consents to receive communications via regular mail, email, telephone, and/or fax sent by or on behalf of IHCA. Payment of 2012 Associate Member Dues must accompany this application and will be processed upon receipt. Payment will be refunded if membership is denied.

Signature _____ Date _____

Payment form: [] Check payable to IHCA [] MC [] Visa [] Amex
Card Number: _____
Name on Card: _____
Exp. _____ CVV Number: _____

Send application with payment to: Indiana Health Care Association, One North Capitol, Suite 100, Indianapolis IN 46204
Attn: Brenda Fenderson