



MEMBERSHIP APPLICATION FORM
Regular "A"

For more information on membership, including rates, please contact J Hopkins at jhopkins@ihca.org or 800 466.IHCA

Membership Category (choose all that apply):

- Comprehensive Unit/Bed
- Licensed Residential, Assisted Living or Non-Licensed Unit/Bed
- Adult Day Service Facility
- Adult Foster Home

Facility Name: _____

Street: _____ PO Box: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Toll Free: _____ County: _____ Region: _____

E-mail (Facility): _____ Web Site: _____

Main Contact (Administrator / Executive Director): _____

Main Contact E-mail: _____

Proprietary: _____ Not-For-Profit: _____ JCAHO Accreditation _____

Corporate Office: _____
(Name or corporation operating facility/licensee)

Street: _____ PO Box: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____ Web Site: _____

President: _____ Officers: _____

Owners of 5% or more (attach form) _____

Name of Corp. Owning Real Estate (e.g. Landlord) _____

PLEASE COMPLETE ENTIRE APPLICATION

Number of Beds/Units (if applicable)

SNF/NF Beds: _____ SNF Beds: _____ NF Beds: _____

Licensed Residential / Assisted Living Units _____ Non-Licensed Assisted Living Units _____

Independent Living Units _____ ICF/MR _____ NCC Beds: _____

Total Capacity: _____

Special Units (if applicable)

Alzheimer's: _____ Sub acute Unit: _____ Behavior Unit: _____ Ventilator: _____

Head Trauma: _____ Children's Unit: _____ Other (please specify): _____

Services Offered to Community (if applicable)

Meals on Wheels: _____ Therapies: _____ Adult Day Care: _____ Child Day Care: _____

Home Health: _____ Homemaker: _____ Transportation: _____ Respite: _____

Other (please specify): _____
(Hospice, Health Information, Health Fair, Community Health Fairs)

Medical Director (if applicable): _____

Office Mailing Address: _____

City: _____ State: _____ Zip: _____

Please list **name** and **e-mail** address:

Director of Nursing: _____

Activities Director: _____

Social Services Director: _____

Dietary Manager: _____

Environmental Services Manager: _____

Signature of Applicant: _____ Date: _____

If you wish to pay by credit card, please complete the following information:

Please check: _____ MasterCard _____ VISA _____ Amex	Authorized Amount: _____
Account Number: _____	Expiration Date: _____
Cardholder Name: _____	
Cardholder Signature: _____	

IHCA dues are not deductible as charitable contributions for tax purposes, but may continue to be deductible as a business expense. However, per Section 6033(e) of the Internal Revenue Service Code, a reasonable estimate of IHCA dues will be spent on lobbying and other expenditures subject to Section 162(e)(1) of the Code and therefore are not deductible for federal income tax purposes.

New Federal Communications Commission requirements were released in the Federal Register July 25, 2003, regarding changes to what associations can and cannot fax to their membership. The new fax rules will affect the way we do business, and take effect on Aug. 25, 2003.

Faxing IHCA information to the long-term care facilities in the state of Indiana has proven to be the most cost effective and quickest way to communicate with you. Beginning August 25, 2003, IHCA may not fax educational, convention, or membership information to you unless you have given your written permission. In order for us to keep this method in place we must receive your signature below.

By not signing this document you may prohibit your facility from receiving this pertinent information. If you have any questions regarding this requirement, please feel free to contact Eric Vermeulen at 800 466.4422.

Indiana Health Care Association, Indiana Health Care Services Inc., Indiana Health Care Foundation, Indiana Center for Assisted Living (INCAL) and Indiana Health Care PAC may fax and e-mail:

_____ (name of facility)

at _____ (fax number) _____ (e-mail)

Signed: _____ Date: _____

Title: _____

Please fax or mail the entire application to:

Indiana Health Care Association
One North Capitol, Suite 100
Indianapolis, IN 46204
FAX: 877 298.3749
TOLL FREE: 800 466.IHCA