



**MEMBERSHIP APPLICATION FORM**  
**Regular Member "A"**

Application Date: \_\_\_\_\_

IHCA Regular "A" membership is available to health care facilities licensed under Indiana Code 12 or 16, or applicable successor statutes, and facilities not subject to licensure and serving the elderly, such as independent living and adult day care. To belong to the IHCA, a person or entity having at least 50% of the control or authority over more than one (1) facility eligible for membership must submit an application for all facilities over which the control or authority is exercised.

Annual Dues for all approved facilities are charged on a per bed basis. Dues amounts set forth below do not include any applicable discount provided by the IHCA, INCAL, AHCA or NCAL. Dues will be collected from the applicant upon approval of membership by the IHCA Board of Directors and according to the IHCA Dues Collection Policy. Dues may be paid annually or quarterly on a pro-rata basis. Any applicable discounts will be applied to dues invoices.

**IHCA/INCAL**

**AHCA/NCAL**

Comprehensive Care Bed Rate	Licensed Residential, Unlicensed AL, Ind. Living	Comprehensive Care Bed Rate	Licensed Residential or Unlicensed AL, Ind. Living
\$42.40	\$21.20	\$20.60	\$10.50

**Facility Information**

(if applying for multiple facilities, please include the below information on a separate spreadsheet or listing)

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

**Bed Type**

**Number of Beds**

Comprehensive Care Beds  
(all types – SNF/NF, SNF, NF, NCC)

\_\_\_\_\_

Assisted Living/Residential  
Care Beds

\_\_\_\_\_

**Total Capacity** \_\_\_\_\_

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**Key Facility Staff**

Administrator Name: \_\_\_\_\_ Administrator Email: \_\_\_\_\_

Medical Director Name: \_\_\_\_\_ Medical Director Email: \_\_\_\_\_

DON Name: \_\_\_\_\_ DON Email: \_\_\_\_\_

Social Services Name: \_\_\_\_\_ Social Services Email: \_\_\_\_\_

HR Director Name: \_\_\_\_\_ HR Director Email: \_\_\_\_\_

Dietary Mgr. Name: \_\_\_\_\_ Dietary Mgr. Email: \_\_\_\_\_

Maintenance Dir. Name: \_\_\_\_\_ Maintenance Dir. Email: \_\_\_\_\_

**Corporate Information**

Name of Operating Entity: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

President/CEO Name: \_\_\_\_\_

President/CEO Email: \_\_\_\_\_

Corporate Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Corporate Contact Email: \_\_\_\_\_

Corporate Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Corporate Contact Email: \_\_\_\_\_

Corporate Regional Director/Consultant Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Corporate Contact Email: \_\_\_\_\_

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**Agreement and Payment**

I attest to the accuracy of the information on this application and 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. 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. I agree to abide by all policies of the IHCA, including, but not limited to, the IHCA Dues Collection Policy.

If this application is approved, I permit IHCA to use the information contained in this application in IHCA membership directories (both electronic and printed), and I consent to receive communications via regular mail, email, telephone, and/or fax sent by or on behalf of IHCA.

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. A reasonable estimate of 22% of IHCA/INCAL dues and 25% of AHCA/NCAL dues in 2016 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.

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Applicant Signature

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Printed Name, Title