



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 28% of IHCA/INCAL dues and 25% of AHCA/NCAL dues in 2017 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.

Applicant Signature

Printed Name, Title