

PACAH Membership

Please check the appropriate membership category:

_____ **FULL VOTING MEMBER**

Long term care health care facilities owned by or affiliated with a county government located within the Commonwealth of PA that are approved or licensed by the Commonwealth of PA. Affiliation with a county government shall include a county guarantee of a bond issue under a 501(c)3 arrangement; a contractual relationship for the facility to serve a certain percentage of indigent residents within the county; a management contract signed by the county; or other similar arrangements that link the nursing facility to county government.

DUES: \$1,500 (base rate) + _____ (# of beds) X \$3 = _____

Amount Enclosed _____

_____ **ASSOCIATE MEMBER**

Associate members shall be non-county facilities; nursing facility management companies or other professional businesses interested in long term care facility operations.

DUES: _____ \$550

Amount Enclosed _____

_____ **PERSONAL MEMBER**

Individuals other than administrators actively engaged in the daily operations of county owned or affiliated facilities (i.e. – Asst. Administrators, DONs, Fiscal Staff, etc.) or previous administrators who have retired.

DUES: _____ \$35

Amount Enclosed _____

(Over)

FACILITY or BUSINESS NAME _____

CONTACT PERSON'S NAME _____

POSITION/TITLE _____

ADDRESS _____

PHONE NUMBER _____

FAX NUMBER _____

EMAIL ADDRESS _____

SIGNATURE _____

Please return your completed form with a check to:

**PACAH
17 North Front Street
Harrisburg PA 17101**

FOR OFFICE USE ONLY!

Mail List _____

Reg. Dir (facilities) _____

Website _____

Director _____

ONElist _____

Check, Date _____

Directory _____

