



PACAH Membership

Please check the appropriate membership category:

_____ **FULL VOTING MEMBER**

Long-term skilled nursing facilities located within the Commonwealth of PA that are approved or licensed by the Commonwealth of PA.

Facilities with more than 50 beds:

DUES: \$1,785 (base rate) + (_____ # of beds X \$3.15) = _____

For example, a 100 bed facility would pay \$2,100 (\$1,785 + \$315)

Amount Enclosed _____

Facilities with 50 beds or less:

DUES: \$1,050 (base rate) + (_____ # of beds X \$3.15) = _____

For example, a 25 bed facility would pay \$1,128.75 (\$1,050 + \$78.75)

Amount Enclosed _____

_____ **ASSOCIATE BUSINESS MEMBER**

Nursing facility management companies or other professional businesses interested in long-term care facility operations.

ASSOCIATE BUSINESSES ANNUAL DUES: _____ \$577.50

Amount Enclosed _____

_____ **EDUCATIONAL**

Personal care or assisted living entities licensed by the Commonwealth of Pennsylvania

EDUCATIONAL MEMBER ANNUAL DUES: _____ \$100

Amount Enclosed _____

_____ **PERSONAL MEMBER**

Individuals not associated with any nursing home but interested in PACAH and maintaining membership. Examples could be a retiree from a PACAH facility or the Commonwealth, an individual between employment or someone that was associated with a PACAH member facility at some point but is no longer in the long-term care field. Decision on membership in this category will be at the discretion of the Executive Director.

PERSONAL MEMBER ANNUAL DUES: _____ \$35

Amount Enclosed _____

FACILITY or BUSINESS NAME

FACILITY CATEGORY **Non-Profit**

For-Profit

CONTACT PERSON'S NAME

POSITION/TITLE

ADDRESS

PHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

SIGNATURE

Other than the contact person listed above, please list the names, titles, and emails of any other staff members you want added to our mailing lists (i.e. CFO, DON, etc.) If a facility, include the following if applicable: ANHA, DON, CFO/Fiscal Officer

NAME

TITLE

EMAIL

If a PACAH member encouraged you to join, please note their name and facility:

Please return your completed form with a check to:

PACAH

PO Box 60769

Harrisburg, PA 17106-0769

FOR OFFICE USE ONLY

CRM: _____

Constant Contact: _____

Listserv: _____

New Member Info: _____

Welcome Email: _____

Payment/Date: _____ / _____