



PACAH Membership Application

☐

FULL VOTING MEMBER

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

ANNUAL DUES BREAKDOWN:

\$4,184.38 (base rate) + ____ (number of beds X **\$7.40**) + **\$2,000.00** (Legal Add-On) = **TOTAL**

Example - A 100-bed facility would pay \$6,924.38 (\$4,184.38 + \$740 + \$2,000)

☐

ASSOCIATE BUSINESS MEMBER

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

- ☐ BASIC MEMBERSHIP - \$897.75/year
- ☐ PLUS MEMBERSHIP - \$1,350.00/year
- ☐ PREMIUM MEMBERSHIP - \$2,025.00/year

☐

EDUCATIONAL

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

EDUCATIONAL MEMBERSHIP - \$105.00/year

☐

PERSONAL MEMBER

Individuals not employed by an organization which is part of the long-term care continuum. Candidates include retired NHAs and students.

PERSONAL MEMBERSHIP - \$71.00/year

FACILITY or BUSINESS NAME

FACILITY CATEGORY

Non-Profit

For-Profit

CONTACT PERSON'S NAME

POSITION/TITLE

ADDRESS

PHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

SIGNATURE

AMOUNT ENCLOSED

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

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: _____ / _____