



## **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: \_\_\_\_\_ / \_\_\_\_\_