



PACAH Membership

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: \$2066.36 (base rate) + _____ (number of beds X \$3.65) = _____ **TOTAL**

Example - A 100-bed facility would pay \$2431.36 (\$2066.36 + \$365)

Facilities with 50 beds or less:

DUES: \$1215.51 (base rate) + _____ (number of beds X \$3.65) = _____ **TOTAL**

Example - A 25-bed facility would pay \$1306.76 (\$1215.51 + \$91.25)

ASSOCIATE BUSINESS MEMBER

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

- BASIC MEMBERSHIP - \$665/year
- PLUS MEMBERSHIP - \$1000.00/year
- PREMIUM MEMBERSHIP - \$1500.00/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 a 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.

PERSONAL MEMBERSHIP - \$37.00/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: _____	New Member Info: _____
Constant Contact: _____	Welcome Email: _____
Listserv: _____	Payment/Date: _____ / _____