



New York State Health Facilities Association, Inc.

# Associate Member Application

ORGANIZATION NAME:			TELEPHONE NUMBER:
ORGANIZATION ADDRESS:			FAX NUMBER:
CITY:	STATE:	ZIP CODE:	COMPANY WEBSITE:
ORGANIZATION REPRESENTATIVE:			REPRESENTATIVE E-MAIL ADDRESS:
TITLE / POSITION:			REPRESENTATIVE EXTENSION:

*Please provide a business reference: (Skilled Nursing Facility or other Business Reference)*

FACILITY / BUSINESS NAME:	TELEPHONE NUMBER:	CONTACT PERSON:
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*Please provide a brief description of your company and the services provided:*

Please include a copy of most recent Annual Report or copies of promotional materials.

<b>ASSOCIATE MEMBER DUES STRUCTURE: (Check One)</b> <input type="checkbox"/> \$ 750.00 Annual Membership (January - December) <input type="checkbox"/> \$ 525.00 Pro-Rated (Applications received after July 1st, covers through December 31st)	<b>PAYMENT METHOD:</b> <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> VISA <input type="checkbox"/> CHECK ENCLOSED <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER					
	<table border="1"> <tr> <td>Credit Card Number:</td> <td>Expiration Date:</td> </tr> <tr> <td>Cardholder Name:</td> <td>Signature:</td> </tr> <tr> <td colspan="2">Credit Card Billing Address:</td> </tr> </table>	Credit Card Number:	Expiration Date:	Cardholder Name:	Signature:	Credit Card Billing Address:
Credit Card Number:	Expiration Date:					
Cardholder Name:	Signature:					
Credit Card Billing Address:						

*Please Return Application and Payment to:*

**Associate Member Program  
 NYSHFA  
 33 Elk Street, Suite 300  
 Albany, NY 12207-1010**

The above named organization hereby makes application for Associate Membership in the New York State Health Facilities Association, Inc. (NYSHFA) and agrees, if accepted, to support the Association's goals and objectives. The organization agrees to pay established dues in a timely manner.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

FOR MORE INFORMATION PLEASE CONTACT THE NYSHFA COMMUNICATIONS DEPARTMENT AT (518) 462-4800, EXT. 23  
THANK YOU FOR YOUR SUPPORT