New York State Health Facilities Association, Inc.

Membership Application

ORGANIZATION NAME:			TELEPHONE NUMBER:
ORGANIZATION ADDRESS:			FAX NUMBER:
CITY:	STATE:	ZIP CODE:	COUNTY:
ADMINISTRATOR / EXECUTIVE DIRECTOR NAME:			E-MAIL ADDRESS:
TITLE / POSITION:			FACILITY WEBSITE:
OWNER / OPERATOR NAME: (IF DIFFERENT FROM ABOVE)			E-MAIL ADDRESS: (IF DIFFERENT FROM ABOVE)
OWNER / OPERATOR ADDRESS: (IF DIFFERENT FROM ABOVE)			TELEPHONE NUMBER

Please Provide the following Information:

Type of Organization: ☐ Skilled Nursing ☐ Assisted Living (Licensed) ☐ Enriched Housing
☐ Adult Home ☐ Assisted Living (Non-Licensed) ☐ Other:

Sponsorship: ☐ Proprietary ☐ Voluntary ☐ Public

Total Number of Beds:

Operating Certificate Number:

Year Licensed:

Number of Licensed Beds:

Dues Agreement and Payment Method:

Payment Method Preferred: ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly

Payment Agreement:

In accordance with Article IX – Dues and Assessments of the NYSHFA By-laws, dues shall be set by the Board by no later than the 15th of December of each year. A member may elect a monthly, quarterly, semi-annual or annual dues payment.

Dues are payable on the first day of the period chosen.

Membership automatically renews every January unless written notice is received indicating termination of membership.

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

Signature: ______________________________________ **Print Name:** __________________________________ **Date:** ___/___/___

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

APPLICATION MAY BE FAXED TO: 518-426-4051
OR MAILED TO: NYSHFA, 33 ELK STREET, SUITE 300, ALBANY, NY 12207

NYSHFA.......REPRESENTING LONG-TERM CARE PROVIDERS ACROSS NEW YORK STATE
SKILLED NURSING *** ASSISTED LIVING *** ADULT CARE FACILTIES