



55 Green Meadows Drive South
PO Box 447
Lewis Center, OH 43035
P: 614.436.4154 / F: 614.436.0939
www.ohca.org

Regular Membership Application

Name of Skilled Nursing Facility: _____

Address: _____

City: _____ County: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Name of Administrator: _____ Email: _____

Number of licensed SNF beds: _____

Ownership type (*please choose one*):

- _____ Proprietary
- _____ Philanthropic
- _____ Government

Facility Ownership:

Name of Owner/Management Firm: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name of President/Chief Executive: _____

Affiliated SNFs, ALCs, ICFs/IID, or I/DD waiver providers: _____

Annual Dues

Dues to belong to the Ohio Health Care Association are calculated on an annual basis based on the number of licensed SNF beds and will be billed quarterly unless otherwise requested. Membership in OHCA includes membership in the American Health Care Association. Annual dues to belong to the association are **\$59.60 per bed**.

Terms of Membership

In accordance with the OHCA Code of Regulations, all facilities (SNFs, assisted living communities, ICFs/IID) and I/DD waiver providers under common ownership or operational control must be members of the association. Membership is based on approval by the OHCA Board of Directors. The board may terminate membership under the circumstances and following the procedures specified in the Code of Regulations.

By signing this application, the applicant certifies that they understand and accept these requirements.

Signature

Title