

## Regular Membership Application

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Name of Facility Administrator/Director: \_\_\_\_\_ Email: \_\_\_\_\_

Number of beds/unit (*please fill in all that apply*):

Ownership type (*please choose one*):

\_\_\_\_\_ Nursing Home beds

\_\_\_\_\_ Proprietary

\_\_\_\_\_ Assisted Living units

\_\_\_\_\_ Philanthropic

\_\_\_\_\_ Facilities for Intellectual Disabilities beds

\_\_\_\_\_ Government

### Facility Ownership:

Name of Owner/Management Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of President/Chief Executive: \_\_\_\_\_

Other affiliated health care facilities: \_\_\_\_\_

### Annual Dues

Dues to belong to the Ohio Health Care Association (OHCA) and/or our assisted living affiliate, the Ohio Centers for Assisted Living (OCAL) and/or our DD residential services affiliate, the Ohio Centers for Intellectual Disabilities (OCID) are calculated on an annual basis based on the number of licensed beds and/or units and will be billed quarterly unless otherwise requested. Membership into OHCA/OCAL/OCID includes participation in the American Health Care Association (AHCA) and their assisted living affiliate, the National Center for Assisted Living (NCAL). Annual dues to belong to the Association are as follows:

Nursing Facility Dues: \$59.60 per bed

Facility for the Intellectual Disabilities Dues: \$43.60 per bed

Assisted Living Dues: \$18.25 per unit

### Terms of Membership

All facilities under common ownership or operational control as defined in the OHCA Code of Regulations must make application for membership in the Association. Membership will continue until such membership is terminated in writing by either facility or OHCA/OCAL/OCID. The facility agrees to abide by the Code of Regulations, Bylaws and the relevant Standards and Policies of the Association and may be terminated at any time, and through due process, for failing to meet said standards. By signing this application, applicant agrees to the terms and conditions set forth within.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title