

## Student Membership Application

The Ohio Health Care Association, Ohio Centers for Assisted Living and Ohio Centers for Intellectual Disabilities provide information and services to nearly 800 long-term care facilities in Ohio. Through OHCA, members are provided updates on activities and changes within the profession helping them devote their full time to the care of residents and operation of the facility.

The Association also offers a student membership for those enrolled in high school, an institution on higher learning or the Core of Knowledge, and to individuals in the Administrator in Training program.

OHCA's Student Membership Program is designed for three purposes:

1. To provide those interested in long-term care with current information on laws, regulations and issues affecting the profession and the general health care field.
2. To aid students in becoming part of the long-term care network by providing contact with other health care professionals and broader access to other resources.
3. To ensure that professionals entering the long-term care field have an understanding of the most current issues and trends.

Student Members of OHCA receive all the benefits of membership. Dues are \$25. annually, or graduated from the program.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Name of School/Program \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Anticipated Date of Graduation/Completion \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Dues \$25** \_\_\_\_\_

**Total Enclosed** \_\_\_\_\_

### For Credit Card Payment Only

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_

Cardholder \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

**Please mail or return to OHCA by fax at 614-436-0939. Thank you.**