

Associate Membership Application

Name of Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Membership contact: _____ Email: _____

Brief Description of products/services: _____

Signature: _____ Date: _____

Company Category:

(Please select the category/categories that best identify your products/services. You can be listed under a maximum of five categories on the onsite vendor locator)

- | | | |
|--|--|---|
| <input type="checkbox"/> Accounting
<input type="checkbox"/> Ambulance/Emergency/ Medical Transportation Services
<input type="checkbox"/> Apparel/Uniforms
<input type="checkbox"/> Aquarium/Aviary
<input type="checkbox"/> Architecture
<input type="checkbox"/> Audiology (mobile)
<input type="checkbox"/> Background Checks
<input type="checkbox"/> Banking & Financial Services
<input type="checkbox"/> Beauty Services
<input type="checkbox"/> Billing Services
<input type="checkbox"/> Business Development Consulting
<input type="checkbox"/> Clinical Consulting
<input type="checkbox"/> Collections/Receivables
<input type="checkbox"/> Communications
<input type="checkbox"/> Computer Software/Support
<input type="checkbox"/> Construction
<input type="checkbox"/> Consulting
<input type="checkbox"/> Crime Prevention
<input type="checkbox"/> Customer Satisfaction Measurement
<input type="checkbox"/> Delivery/Courier Services
<input type="checkbox"/> Dentistry/Oral Health (mobile)
<input type="checkbox"/> Dietary Consulting
<input type="checkbox"/> Education/Training
<input type="checkbox"/> Electronic Documentation Services
<input type="checkbox"/> Employee Benefits
<input type="checkbox"/> Employment Services & Staffing
<input type="checkbox"/> Energy Services
<input type="checkbox"/> Fire Alarm System/Monitoring | <input type="checkbox"/> Food Service
<input type="checkbox"/> Furniture/Furnishings
<input type="checkbox"/> Group Purchasing
<input type="checkbox"/> Home Health Care
<input type="checkbox"/> Hospice
<input type="checkbox"/> Housekeeping/Laundry
<input type="checkbox"/> Human Resources Consulting
<input type="checkbox"/> Infection Control
<input type="checkbox"/> Information Technology Consulting
<input type="checkbox"/> Information Technology Services
<input type="checkbox"/> Insurance/Risk Management
<input type="checkbox"/> Interior Design
<input type="checkbox"/> Janitorial
<input type="checkbox"/> Laboratory Services
<input type="checkbox"/> Legal Consulting
<input type="checkbox"/> Legal Services
<input type="checkbox"/> Legionella Management
<input type="checkbox"/> Life Safety Systems
<input type="checkbox"/> Linens & Textiles
<input type="checkbox"/> MDS Consulting
<input type="checkbox"/> Management Services
<input type="checkbox"/> Marketing
<input type="checkbox"/> Mechanical/Electrical/Plumbing
<input type="checkbox"/> Mechanical Service Provider
<input type="checkbox"/> Medical & Physician Services
<input type="checkbox"/> Medical Supplies & Equipment
<input type="checkbox"/> Medical Waste Hauling
<input type="checkbox"/> Mental Health Services
<input type="checkbox"/> Nutrition
<input type="checkbox"/> Office Supplies
<input type="checkbox"/> Operations Management Consulting | <input type="checkbox"/> Optometry (mobile)
<input type="checkbox"/> Pharmacy Services/Institutional Pharmacy
<input type="checkbox"/> Photography
<input type="checkbox"/> Podiatry (mobile)
<input type="checkbox"/> Professional Association
<input type="checkbox"/> Promotional Products
<input type="checkbox"/> Publications
<input type="checkbox"/> Real Estate
<input type="checkbox"/> Regulatory Consulting
<input type="checkbox"/> Rehabilitation/Therapy
<input type="checkbox"/> Reimbursement Consulting
<input type="checkbox"/> Respiratory Therapy
<input type="checkbox"/> Respiratory/Oxygen Equipment
<input type="checkbox"/> Restoration
<input type="checkbox"/> Risk Management Consulting
<input type="checkbox"/> Safety
<input type="checkbox"/> Security/Monitoring/Nurse Call
<input type="checkbox"/> Signage
<input type="checkbox"/> Speech Therapy
<input type="checkbox"/> Survey Consulting
<input type="checkbox"/> Tax Services
<input type="checkbox"/> Telemedicine/Telehealth
<input type="checkbox"/> Television Services
<input type="checkbox"/> Transportation/Vehicle Sales/Leasing/Service
<input type="checkbox"/> Water Treatment
<input type="checkbox"/> Wellness
<input type="checkbox"/> Workers' Compensation Services
<input type="checkbox"/> Wound Care
<input type="checkbox"/> X-Ray Services (mobile) |
|--|--|---|

Payment Method:

Dues are **\$920** per year and must accompany this application

Credit Card Check enclosed
(payable to OHCA)

Benefits and Terms and Conditions:

- **Facility membership Access:** list in excel format is provided only to Associate Members
- **News & Information:** Weekly members-only informational newsletter and monthly members-only "Hot topics" teleconference
- **Complimentary annual email:** One-time annual featured associate member email sent to all facility members
- **Committee participation:** Associate Members can be more involved in the association by joining committees
- **Referrals/Vendor Locator:** Associate Members are listed by business category in the vendor locator on the OHCA website
- **Savings on Annual Convention Booth Space:** Associate Members pay significantly less on booth space
- **Discount on Educational Programs:** Associate Members received discounted member rates at educational programming/events

The OHCA Associate Member Program is designed for any individual or business that supplies goods and/or services to long-term care facilities in Ohio. Organizations that have ownership or operational control in any Ohio skilled nursing facility, assisted living facility or facility that serves the ID/DD population are not eligible for Associate Membership. All Associate Members agree to abide by the Code of Regulations and Bylaws of the Association and may be terminated at any time, and through due process, for failing to meet said standards. Associate membership in OHCA bestows member-only benefits exclusively to employees of the member company. These include Association communications, member passwords and access to members-only discounts for educational programs. The sharing of these benefits with clients or others not directly employed by the member company is strictly prohibited and cause for termination of membership. By signing this application, applicant agrees to the terms and conditions set forth within.

For Credit Card Payment Only

Visa _____ MasterCard _____ American Express _____

Cardholder: _____

Card Number: _____

Expiration Date: _____ Signature: _____

Please mail to PO Box 447, Lewis Center, OH 43035 or fax to 614-436-0939