

MHCA Associate Member Application

Membership Information

Available to individuals or companies doing business or associated with health care facilities and who are interested in the growth, development and issues of the long-term health care industry. This is a non-voting membership. (Not available to licensed facilities eligible for regular membership or their employees.)

Associate Member Benefits:

- Reduced exhibitor registration fee at trade show
- Listing in the MHCA Directory and on the MHCA website as an Associate Member
- Attendance at educational sessions, etc. at member prices
- The option to receive all MHCA informational member mailings via email
 - Please check here if you wish to receive these emails

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Website _____

Signature of Applicant _____ Date _____

This application is subject to approval by the MHCA Board of Directors. This membership shall not constitute endorsement of products and/or services by the Association, and is subject to renewal. Any endorsement statement or use of the MHCA logo must be approved by the MHCA Board of Directors.

Resume of Company

Nature of Business _____

Length of Time in Business _____ Principal Market Area _____

Services Offered to Long Term Health Care Facilities (as listed on welcome emails sent to members)

Company Contacts

Name of Person Completing Application _____

Phone _____ Email _____

Cell _____ Title _____

Addl Rep/Other Contact Name/Title _____

Email Address _____ Phone/Cell _____

Addl Rep/Other Contact Name/Title _____

Email Address _____ Phone/Cell _____

Annual Membership Dues

Associate Member – \$415



Make Check Payable and Mail to:

36 S. Last Chance Gulch, Suite A, Helena, MT 59601
Phone 406-443-2876 ext. 2

For credit card payment, contact rsimmons@rmsmanagement.com
Website: mthealthcare.org