



# Membership Application

## FACILITY INFORMATION

Name of Facility: \_\_\_\_\_  
 Address of Facility: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Facility Telephone: \_\_\_\_\_ Facility Fax: \_\_\_\_\_  
 Facility Website: \_\_\_\_\_ Facility E-mail: \_\_\_\_\_  
 Administrator: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

## TYPE OF FACILITY

Check all that apply

- Proprietary     Government     Non-profit (other)     Freestanding     Hospital Based

## NUMBER OF LICENSED LONG-TERM CARE BEDS

Insert number of beds

\_\_\_\_\_ Nursing Facility    \_\_\_\_\_ Assisted Living

## MEMBERSHIP DUES

- Nursing Facility** (\$55.00 per licensed bed)    \$ \_\_\_\_\_  
 **Assisted Living Facility** (\$27.50 per licensed bed)    \$ \_\_\_\_\_

## MAKE CHECK PAYABLE AND MAIL TO:

**Montana Health Care Association**  
 36 South Last Chance Gulch, Suite A  
 Helena, MT 59601  
 Phone: 406-443-2876    Fax: 406-443-4614  
 E-mail: [rhughes@mthealthcare.org](mailto:rhughes@mthealthcare.org)  
 Website: [www.mthealthcare.org](http://www.mthealthcare.org)

*MHCA...providing leadership and empowerment within the long term care continuum  
 through education, advocacy, information and support to our members.*