



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: _____ Administrator E-mail: _____
 Administrator: _____ Home/Cell 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 _____ CAH swing beds

MEMBERSHIP DUES

_____ Nursing Facility (\$59.00 per licensed bed)	\$ _____
_____ Assisted Living Facility (\$29.50 per licensed bed)	\$ _____
_____ Critical Access Hospitals (no nursing home beds) (\$750 per year)	\$ _____

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: rosehughes@rmsmanagement.com
 Website: www.mthealthcare.org

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