



Associate/Sponsor Membership 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/Sponsor Member Benefits:

- Reduced exhibitor registration fee
- Listing in the MHCA Directory and on the MHCA website as an associate/sponsor 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 emails

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

RESUME OF COMPANY

Nature of Business _____

Length of Time in Business _____ Principal Market Area _____

Services Offered to Long Term Health Care Facilities _____

Name and Title of Person Completing Application _____

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.

ANNUAL MEMBERSHIP DUES

Associate/Sponsor Member \$395

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