



# 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** (\$58.00 per licensed bed)    \$ \_\_\_\_\_  
 **Assisted Living Facility** (\$29 per licensed bed)    \$ \_\_\_\_\_  
 **Critical Access Hospitals (no nursing home beds)** (\$500 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: [skopec@rmsmanagement.com](mailto:skopec@rmsmanagement.com)  
 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.*