



**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
- 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 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 \_\_\_\_\_

\_\_\_\_\_

**Company Contacts**

Name of Person Completing Application \_\_\_\_\_ Phone \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

Other Contact Name/Title (if applicable) \_\_\_\_\_

Other Contact Email Address \_\_\_\_\_ Phone \_\_\_\_\_

**Annual Membership Dues**

**Associate 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  
 Email: rsimmons@rmsmanagement.com ♦ Website: www.mthealthcare.org