



### **PACAH Membership**

#### **FULL VOTING MEMBER**

Long-term skilled nursing facilities located within the Commonwealth of PA that are approved or licensed by the Commonwealth of PA.

Facilities with more than 50 beds:

DUES: \$1,967.96 (base rate) + \_\_\_\_\_ (number of beds X \$3.48) = \_\_\_\_\_ **TOTAL**

*Example - A 100-bed facility would pay \$2,315.96 (\$1,967.96 + \$348)*

Facilities with 50 beds or less:

DUES: \$1,157.63 (base rate) + \_\_\_\_\_ (number of beds X \$3.48) = \_\_\_\_\_ **TOTAL**

*Example - A 25-bed facility would pay \$1,244.63 (\$1,157.63 + \$87.00)*

#### **ASSOCIATE BUSINESS MEMBER**

Nursing facility management companies or other professional businesses interested in long-term care facility operations.

- BASIC MEMBERSHIP - \$577.50/annually
- PLUS MEMBERSHIP - \$1000.00/annually
- PREMIUM MEMBERSHIP - \$1500.00/annually

#### **EDUCATIONAL**

Personal care or assisted living entities licensed by the Commonwealth of Pennsylvania

EDUCATIONAL MEMBERSHIP - \$100.00/annually

#### **PERSONAL MEMBER**

Individuals not employed by a nursing home but interested in PACAH and maintaining membership. Examples could be a retiree from a PACAH facility or the Commonwealth, an individual between employment or someone that was associated with a PACAH member facility at some point but is no longer in the long-term care field. Decision on membership in this category will be at the discretion of the Executive Director.

PERSONAL MEMBERSHIP - \$35.00/annually

**FACILITY or BUSINESS NAME**

**FACILITY CATEGORY** Non-Profit

For-Profit

**CONTACT PERSON'S NAME**

**POSITION/TITLE**

**ADDRESS**

**PHONE NUMBER**

**FAX NUMBER**

**EMAIL ADDRESS**

**SIGNATURE**

**AMOUNT ENCLOSED**

Other than the contact person listed above, please list the names, titles, and emails of any other staff members you want added to our mailing lists (i.e. CFO, DON, etc.) If a facility, include the following if applicable: ANHA, DON, CFO/Fiscal Officer

**NAME**

**TITLE**

**EMAIL**

**Please return your completed form with a check to:**

**PACAH**

**PO Box 60769**

**Harrisburg, PA 17106-0769**

FOR OFFICE USE ONLY

CRM: \_\_\_\_\_

Constant Contact: \_\_\_\_\_

Listserv: \_\_\_\_\_

New Member Info: \_\_\_\_\_

Welcome Email: \_\_\_\_\_

Payment/Date: \_\_\_\_\_ / \_\_\_\_\_