



advocate. educate. support.

For NHCA Office Use:	
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APPLICATION FOR PERSONAL ASSOCIATE MEMBERSHIP

PLEASE PRINT OR TYPE:

Date _____

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

E-mail Address: _____

E-mail is used for delivery of information. Please keep us informed of your current e-mail address!

Occupation _____

Place of Employment _____

Interest areas related to long term care _____

Please enclose the payment for the membership fee with the completed application form.

ANNUAL MEMBERSHIP FEE (January-December): \$350.00 (Non-refundable)
(Membership Fee is NOT Pro-rated)

Payment Information: **Check Enclosed** (Make Checks Payable to: NEBRASKA HEALTH CARE ASSOCIATION)

Cash

Credit Card →

Cardholder's Name (please print): _____
Credit Card #: _____
Expiration Date: _____ Security Code # (Back of Card): _____
Cardholder's Billing Address, City, State, Zip: _____
Signature: _____
Your signature on the line above will authorize this transaction. ↑

Contributions or gifts to the Nebraska Health Care Association and/or the Nebraska Assisted Living Association are not tax deductible as charitable contributions for Federal income tax purposes. Dues payments may be deductible by members as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. NHCA estimates that the nondeductible portion of your 2012 dues – the portion which is allocable to lobbying – is 38.3847%.