

**NEBRASKA HEALTH CARE ASSOCIATION  
AND ITS AFFILIATE, NEBRASKA ASSISTED LIVING ASSOCIATION**  
3900 Northwest 12th Street, Suite 100  
Lincoln, Nebraska 68521-3037  
PHONE: 402-435-3551      FAX: 402-475-6289

For NHCA Office Use: <input type="checkbox"/> CYMA <input type="checkbox"/> ACCESS Acct ID: _____
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**APPLICATION FOR PERSONAL ASSOCIATE MEMBERSHIP**

**PLEASE PRINT OR TYPE:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address for mailings: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

*We use e-mail for delivery of selected information to members. 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: \_\_\_\_\_

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 2010 dues—the portion which is allocable to lobbying—is 35.7048%.

\_\_\_\_\_  
Signature



An Affiliate of the American Health Care Association

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