



nebraska nursing facility association



nebraska assisted living association

advocate. educate. support.

For NNFA/NALA Office Use:
[ ] ACCOUNTING
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PERSONAL ASSOCIATE MEMBERSHIP APPLICATION

PLEASE PRINT OR TYPE:

Date \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Email is used for delivery of information. Please keep us informed of your current email address!

NNFA/NALA Personal Associate Membership is renewable annually and includes NNFA/NALA/NHCLC events and products at discounted rates.

[ ] CHECK THIS BOX if you DO NOT WANT YOUR EMAIL ADDRESS PUBLISHED online or in printed NNFA/NALA membership directories.

Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Interest areas related to long-term care \_\_\_\_\_

\_\_\_\_\_

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

ANNUAL PERSONAL ASSOCIATE MEMBERSHIP FEE (January-December): \$100 (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 \_\_\_\_\_ CVC # \_\_\_\_\_
Cardholder's Billing Address, City, State, Zip \_\_\_\_\_
Cardholder's Email \_\_\_\_\_
Signature \_\_\_\_\_
Your signature on the line above will authorize this transaction. ↑

Contributions or gifts to the Nebraska Nursing Facility Association and/or 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.

NNFA/NALA estimates that the nondeductible portion of your 2019 dues - the portion which is allocable to lobbying - is 20.96%.