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For NNFA/NALA Office Use:
 ACCOUNTING
 NHCA DB

STUDENT MEMBERSHIP APPLICATION

An annual (January-December) NNFA/NALA Student Membership is available at no cost to college students carrying three or more semester credit hours or 4.5 or more quarter credit hours and currently registered in any of the following programs related to long-term care: Nursing Home Administration, Initial Assisted Living Administration, Gerontology, Nursing, Social Services, Recreational Therapy, Occupational Therapy, Physical Therapy, Pharmacy, Nutrition, and Physician's Assistant. Individuals that have completed one of these programs but have not yet found employment also qualify for NNFA/NALA Student Membership. In this case, membership is available for up to one year after graduation or until employed, whichever comes first.

NNFA/NALA Student Membership is renewable annually as long as the student meets the above requirements. The "Verification of Student Status" section below must be completed. The NNFA/NALA Student Membership entitles students to attend NNFA/NALA/NHCLC events and purchase products at a discounted rate.

Please Print Clearly:

Name _____ Date _____
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!

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

Employed by _____

If you are working for a long-term care facility and the facility is not a member, please request facility membership information.

STUDENT SIGNATURE

VERIFICATION OF STUDENT STATUS

Check the enrollment that applies: _____ Currently enrolled or enrolled within the last year as a student
Number of Hours _____ Per Quarter Per Semester
_____ Currently enrolled or enrolled within the last year in an
AIT or mentorship program

Name of college _____

Major/program of study _____

Specify the quarter/semester for which student is/was enrolled _____

Expected/actual graduation/course completion date _____

SIGNATURE OF REGISTRAR/INSTRUCTOR

Registrar/Instructor Email _____

Registrar/Instructor Phone _____

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Affiliates of the Nebraska Health Care Association,
American Health Care Association, and National Center for Assisted Living