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For NNFA/NALA Office Use:
 ACCTNG NHCADB
 AHCADB

FACILITY MEMBERSHIP APPLICATION

Name of Facility _____ Date _____
Address _____ City _____ Zip _____
Facility Phone (include area code) _____ Fax (include area code) _____
Facility Website _____
Name of Administrator (Designated Representative) _____
Email _____ Cell Phone (include area code) _____
(Cell phone numbers for emergency contact only. Cell phone numbers will not be published.)

Membership Application for:
Number of Licensed Beds:
Type of Operation:
Legislative District:

DUES PAYMENT PLAN

- ANNUAL..... Dues are billed January 1. FACILITIES THAT PAY BY JANUARY 15 MAY DEDUCT 2.5%.*
SEMI-ANNUAL ... Dues are billed January 1 and July 1.*
QUARTERLY Dues are billed January 1, April 1, July 1, and October 1.*
MONTHLY Dues are billed on the 1st of each month.*

*DELINQUENCY POLICY: Payment terms are 30 days. A 1.5% per month finance charge will be imposed on the outstanding principal balance not paid by the due date.

MEMBERSHIP DUES

Dues include membership in the Nebraska Nursing Facility Association and/or Nebraska Assisted Living Association, the appropriate district of the Nebraska Nursing Facility Association and/or Nebraska Assisted Living Association, and the American Health Care Association (AHCA) and/or the National Center for Assisted Living (NCAL). Membership dues shall be in accordance with the current dues schedule and paid in accordance with the accepted payment plan of the Nebraska Health Care Association, Inc. Membership is on a calendar year basis. Dues are pro-rated for new members applying after January of each year. The dues policy is available at nehca.org/2023membership.

RESPONSIBILITIES

The undersigned hereby agrees to abide by the policies of the Nebraska Health Care Association. Member applicants are subject to approval by the Association's Board of Directors. Information on termination of membership is available at nehca.org/2023membership.

Signed _____ Title _____ Date _____

Contributions or gifts to the Nebraska Nursing Facility Association and/or Nebraska Assisted Living Association are not 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 the nondeductible portion of your 2023 dues - the portion which is allocable to lobbying - is 18.53%.

Email is used for delivery of information to members. Please keep NNFA/NALA informed of current email addresses!
 CHECK THIS BOX if you DO NOT WANT EMAIL ADDRESSES PUBLISHED online or in printed NNFA/NALA membership directories.



Owner/Management Company

Owner _____
Address _____
City, St, Zip _____
Phone _____

Management Company _____
Address _____
City, St, Zip _____
Phone _____

**IF APPLICABLE, please identify the individuals
who fill these roles in your facility:**

Nursing Facility Staff

NNFA Alternate Designated Representative
(For voting purposes when the administrator is unable to vote)

Name: _____

Email: _____

Director of Nursing: _____

Director of Nursing Email: _____

Social Services Director: _____

Social Services Director Email: _____

Activities Director: _____

Activities Director Email: _____

Dietary Manager: _____

Dietary Manager Email: _____

Medical Director (Full Name): _____

Medical Director Email: _____

Assisted Living Facility Staff

NALA Alternate Designated Representative
(For voting purposes when the administrator is unable to vote)

Name: _____

Email: _____

Resident Services Director: _____

Resident Services Director Email: _____

Accounts Payable Contact

Invoices and statements are emailed. Please supply the
information below for your accounts payable contact.

Name: _____

Phone: _____

Email (1): _____

Email (2): _____

If your facility is tax-exempt, send Form 13, Nebraska Resale
or Exempt Sale Certificate for Sales Tax Exemption, by fax or
mail to:

NNFA/NALA, 1200 Libra Dr Ste 100, Lincoln NE 68512-9628

Fax: 402-475-6289

Certifications

____ Nursing Facility Medicare Certification

____ Nursing Facility Medicaid Certification

____ Assisted Living Medicaid Certification