

IHCA Associate Membership Application

(please type or print clearly)

Benefits of your IHCA Membership

- * One year Associate membership
- * Convention and Trade Show benefits:
 - One Standard exhibit booth with carpeting
 - Pre-event list of registered delegates
 - Business card drop box
 - Program book listing
- * Electronic newsletters and other publications from the Association
- * Seminar and convention registration at member rate
- * Reduced advertising rates on the IHCA web site and in the Convention & Trade Show program book
- * Networking opportunities at IHCA regional meetings

Philosophy and Code of Ethics of the Illinois Health Care Association

- * A basic human right is to have accessible quality health care.
- * Full members will provide care that will meet the physiological, psychological, environmental, and spiritual needs of each resident in licensed or certified facilities or programs.
- * Full members will provide qualified staff in sufficient numbers to perform competent services to meet residents' needs.
- * Members will be fair and honest in all their transactions.
- * Members are encouraged to engage in research and education, which will be done with the assurance that the interest and dignity of each individual is preserved and the conduct of the program is of professional quality.
- * Members are encouraged to attend and participate in all appropriate Association meetings and activities.
- * Members will clearly delineate their policies and will receive and act upon complaints and suggestions, utilizing established procedures of the state and national associations and related community resources.
- * Members will be an integral part of the community's health program.

Applicant (Company Name) _____ House District # _____
 Address _____ Senate District # _____
 City _____ Congressional District # _____
 State _____ ZIP _____ County _____
 Phone (____) _____ Fax (____) _____
 E-mail _____ Website _____
 Contact Name _____ Title _____

Product/Service Categories

Please indicate two (2) product/service categories under which your company wishes to be listed in the "Associate Members by Product Category" section of the IHCA Membership Directory and Buyers' Guide. If you wish to be listed under additional categories, include \$25 per additional category. Your company will automatically be included in the alphabetical listing.

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Accounting and Financial Consulting Services <input type="checkbox"/> Activity Products <input type="checkbox"/> Alarm and Emergency Response Systems <input type="checkbox"/> Architecture, Design and Construction Services <input type="checkbox"/> Bathing and Patient Lift Systems <input type="checkbox"/> Billing Services <input type="checkbox"/> Charting and Medication Distribution Systems <input type="checkbox"/> Cleaning, Housekeeping Services and Products <input type="checkbox"/> Clothing, Textiles and Linens <input type="checkbox"/> Communications <input type="checkbox"/> Computer Hardware, Software, and Technology <input type="checkbox"/> Continuum of Care Providers and Consultants <input type="checkbox"/> Dental Supplies and Services <input type="checkbox"/> Dietary Consulting and Management Services <input type="checkbox"/> Education, Training Programs, and Services <input type="checkbox"/> Employment/Recruiting/Labor Relations/Staffing <input type="checkbox"/> Energy Services <input type="checkbox"/> Environmental Equipment and Services <input type="checkbox"/> Floor Coverings and Surfaces <input type="checkbox"/> Food Products, Equipment, and Services <input type="checkbox"/> Furniture and Room Furnishings <input type="checkbox"/> Group Purchasing <input type="checkbox"/> Hospice Services | <ul style="list-style-type: none"> <input type="checkbox"/> Incontinence, Skin Care Products, and Services <input type="checkbox"/> Insurance and Risk Management Services <input type="checkbox"/> Internet Products and Services <input type="checkbox"/> IV Therapy Products and Services <input type="checkbox"/> Laboratory Services <input type="checkbox"/> Laundry Equipment, Services, and Supplies <input type="checkbox"/> Leasing Equipment <input type="checkbox"/> Legal Services <input type="checkbox"/> Management and Consulting Services <input type="checkbox"/> Marketing Services and Products <input type="checkbox"/> Medical Equipment and Supplies <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Mobile Diagnostic Services _____ (please specify) <input type="checkbox"/> Payroll and Human Resource Systems <input type="checkbox"/> Pharmaceutical Supplies and Services <input type="checkbox"/> Podiatry Products and Services <input type="checkbox"/> Printing and Publications <input type="checkbox"/> Professional and Medical Services <input type="checkbox"/> Professional/Trade Association and Organizations <input type="checkbox"/> Respiratory Therapy Products and Services <input type="checkbox"/> Safety Equipment and Services <input type="checkbox"/> Therapy Services <input type="checkbox"/> Transportation Vehicles and Services |
|--|---|

Payment Information

Membership Fee = \$ 1,200
 Fee for additional categories indicated above = \$ _____
 Total Due = \$ _____

Application Process

- * Annual fee of \$1,200 must accompany application in full.
- * Mail signed application and check payable to the Illinois Health Care Association at the address below.
- * Membership becomes effective upon approval by the IHCA Board of Directors and is automatically renewed unless either party terminates.

Please be advised that, per section 6033(e) of the Internal Revenue Code, Illinois Health Care Association reasonably estimates that 37.23% of your dues will be spent on lobbying and other expenditures subject to section 162(e) (1) of the Code and therefore is not deductible for federal income tax purposes.

Undersigned agrees that the Illinois Health Care Association, Illinois Health Care Association PAC (IHCA-PAC), The Center for Developmental Disability Advocacy and Community Supports, the Long Term Care Nurses Association (LTCNA), and the John W. Maitland, Jr./Joseph F. Warner Long Term Care Nurses Scholarship Fund may send fax and e-mail to the numbers/addresses indicated on this application.

The undersigned represents that, if he/she is not the owner or licensee of the Business Structure identified above ("Applicant"), he/she has the authority to, and by using this Application intends to, legally bind the Applicant thereto.

Signature _____ Date _____

Illinois Health Care Association • 1029 South Fourth Street • Springfield, IL 62703-2224

(Revised 1/2012)

FOR ASSOCIATION USE

Date Rec'd _____
 Fee _____
 Check # _____
 Membership Exp. _____
 Region # _____