



# Individual Membership Application

## Benefits of your IHCA Membership

- \* 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 IHCA Convention & Trade Show program book

## 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.

Individual Membership is designed for members of governing boards, or an administrator, supervisor, professional employee or associate member, and persons formerly employed by a full member, now retired, or who have left the health care field. A person who is associated with a nonmember facility or program eligible for membership as a full member is NOT eligible for Individual Membership.

(please type or print clearly)

Name \_\_\_\_\_ House District # \_\_\_\_\_

Business Address \_\_\_\_\_ Senate District # \_\_\_\_\_

City \_\_\_\_\_ Congressional District # \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_  
(if applicable)

Preferred Mailing Address \_\_\_\_\_  
(if different from above)

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

Involvement in Long-Term Care \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Individual Application

The Individual membership fee is \$225 per year. Full payment must accompany application. Mail signed application and check to IHCA at the address below. Membership becomes effective after review by Board of Directors to ascertain compliance with the IHCA Constitution and Bylaws and IHCA Policies. Membership is renewable annually.

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 spend 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.

### FOR ASSOCIATION USE

Fee \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Date Rec'd \_\_\_\_\_  
 Region # \_\_\_\_\_  
 Membership Expires \_\_\_\_\_  
 Board Review \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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