NYSHFA | NYSCAL

MEMBERSHIP APPLICATION

Organization Name: ______________________________

Street: ______________________________

City: ______________ State: ______________ Zip Code: ______________

Phone: ______________ Fax: ______________ County: ______________

Administrator / Executive Director Name: ______________ Email: ______________

Title/Position: ______________ Website: ______________

Owner / Operator Name (If different from above): ______________________________

Email (If different from above): ______________ Phone: ______________

Address (If different from above): ______________________________

PLEASE PROVIDE THE FOLLOWING INFORMATION

TYPE OF ORGANIZATION

- ☐ Skilled Nursing
- ☐ Assisted Living (Licensed)
- ☐ Enriched Housing
- ☐ Adult Home
- ☐ Assisted Living (Non-Licensed)
- ☐ Other: ______________

SPONSORSHIP

- ☐ Proprietary
- ☐ Voluntary
- ☐ Public

Total No. of Beds: ______________

Operating Certificate Number: ______________ Year Licensed: ______________ Total No. of Licensed Beds: ______________

DUES AGREEMENT AND PAYMENT METHOD:

PAYMENT METHOD PREFERRED

- ☐ Annual
- ☐ Semi-Annual
- ☐ Quarterly
- ☐ Monthly

PAYMENT AGREEMENT:

In accordance with Article IX – Dues and Assessments of the NYSHFA By-laws, dues shall be set by the Board by no later than the 15th of December of each year. A member may elect a monthly, quarterly, semi-annual or annual dues payment.
Dues are payable on the first day of the period chosen. Membership automatically renews every January unless written notice is received indicating termination of membership.

The above named organization hereby makes application for Membership in the New York State Health Facilities Association, Inc. (NYSHFA) / New York State Center for Assisted Living (NYSCAL) and agrees, if accepted, to support the Association's bylaws, goals and objectives. The organization agrees to pay all established Association Membership Dues in a timely manner.

Signature: ______________ Print Name: ______________ Date: ______________

For More Information, Please Contact the NYSHFA | NYSCAL Communication Department - 518.462.4800 ext 23

NYSHFA | NYSCAL

NYS HEALTH FACILITIES ASSOCIATION | NYS CENTER FOR ASSISTED LIVING

NYSHFA-NYSCAL.ORG