



Membership Application

I hereby apply for membership in the West Virginia Health Care Association. If accepted, I will abide by its bylaws and code of ethics, and pay the established dues. My application fee of \$50.00 is enclosed, with the understanding that upon approval of this application, the \$50.00 will be applied to my dues.

Name of Facility _____

Street Address: _____

Mailing Address _____

Phone: (____) _____ Fax: (____) _____

Administrator: _____

Email address: _____

_____ Proprietary _____ Non-proprietary

Number of Licensed beds:	_____	Dually Certified Beds
	_____	Medicaid Only Beds
	_____	Medicare Only Beds
	_____	Swing Beds
	_____	Private Pay Beds
	_____	Assisted Living Community Units
	_____	Residential Care Community Beds
	_____	Home Health
	_____	TOTAL BEDS

Name of Owner/Owners: _____

Number of other facilities owned in West Virginia by the same owner(s): _____

Membership in the American Health Care Association is required of all WVHCA members and the cost of membership in the AHCA is included in the "Estimated Annual Dues" above. AHCA and WVHCA dues are payable in advance and billed either monthly, quarterly or annually (per member preference). Copies of the WVHCA and AHCA dues structure are enclosed with this application.

DATE: _____

Signature of Owner, Administrator or Executive Director

Title: _____