

NEW YORK ASSOCIATION OF LONG TERM CARE ADMINISTRATORS 2018 MEMBERSHIP FORM

Check One: RENEWAL MEMBERSHIP NEW MEMBERSHIP

Directions: To process your membership, complete this form and return with appropriate payment (payable to New York Association of Long Term Care Administrators—or NYALTCA) to the address below. *Keep a copy for your records. **(Please Note:** NYALTCA membership is an **INDIVIDUAL** membership, **NOT A FACILITY** membership)

Please print:

Name _____ Today's Date: _____
 Title _____
 Facility _____ Work Phone () _____
 Facility Address _____
 City _____ State, Zip _____
 Home Address _____ Home Phone () _____
 City, St, Zip _____ Day Fax () _____
 Email Address: _____

How did you hear about us? _____

Where should seminar brochures be sent: Facility Address Home Address

****Would you be willing to share your contact information with your fellow NYALTCA Members? Y__ N__**

Seminar registration forms will now be available via download from our website (www.nyaltca.org). Please indicate if you do not have internet access and/or email capability. If this is the case, you will be sent a brief program announcement.
 Do not have access to internet—please mail seminar notice in mail

Please check your affiliation(s) for continuing education credit:

Licensed Nursing Home Administrator: Please enter 5-digit License No. _____
Note: New members must send verification of state licensure (certificate or registration card with application.)

If you are licensed in other states, please list states & license numbers where you wish to receive credit through NAB: _____

Certified Adult Home Directors/Enriched Housing Program Administrators
Note: New members must include verification of state certification with application.

Please indicate your type of affiliation:

Check One: Voluntary/Not For Profit Proprietary
 Public Adult Home/Assisted Living
 Currently not employed in LTC Not currently employed

Membership Fee for 2018: (Please note a savings of \$10 if you join by April 6, 2018!)

\$50 if application form *and* payment is postmarked by Friday, April 6, 2018
\$60 if application form *and* payment is postmarked after Friday, April 6, 2018

Please return this form, with appropriate fee as specified below (payable to NYALTCA) to the following address:

Maggie Reap, Administrator
 McHarrie Pointe Assisted Living
 7740 Meigs Rd, Baldwinsville, NY 13027
 Phone: 315/638-2521 Fax: 315/638-2552 Email: mreap@mcharrielife.org

REMINDER: This membership application and payment must be postmarked by the following deadline dates to permit seminar attendance at the reduced membership fee:

Seminar Dates:	Membership Application/Seminar Registration Deadline Dates:
Friday, April 13, 2018	Friday, April 6, 2018
Friday, June 8, 2018	Friday, June 1, 2018
Friday, September 7, 2018	Friday, August 31, 2018
Friday, October 19, 2018	Friday, October 12, 2018
Friday, December 7, 2018	Friday, November 30, 2018

For Office Use Only		
Date Postmarked: _____	Check #: _____	Amount: \$ _____
License Verified: Yes <input type="checkbox"/> No <input type="checkbox"/>		