

NEW YORK ASSOCIATION OF LONG TERM CARE ADMINISTRATORS 2017 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: _____

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 2017: (Please note a savings of \$10 if you join by April 14, 2017!)

\$50 if application form *and* payment is postmarked by Friday, April 14, 2017

\$60 if application form *and* payment is postmarked after Friday, April 14, 2017

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:

Friday, April 21, 2017
 Friday, June 9, 2017
 Friday, September 8, 2017
 Friday, October 20, 2017
 Friday, December 1, 2017

Membership Application/Seminar Registration Deadline Dates:

Friday, April 14, 2017
 Friday, June 2, 2017
 Friday, September 1, 2017
 Friday, October 13, 2017
 Friday, November 24, 2017

For Office Use Only

Date Postmarked: _____ Check #: _____ Amount: \$ _____
 License Verified: Yes No