



Associate Membership Application

Membership is January – December

Associate Membership shall be composed of any shareholder, officer, director, consultant or employee of a long term care entity holding full Membership.

- ◆ Associate Membership conveys no voting rights and acceptance of individual applicants is subject to the approval of the Board of Directors.
- ◆ An organization or individual associated with a facility or program that is in the planning or construction stage, prior to receiving a license, and which when completed, would be eligible for full membership, provided that such facility or program is not owned by a non-member organization. Once licensed, the facility or program must apply for full membership and the associate membership will be terminated.
- ◆ Associated members shall have the right to attend open meetings of the Association and to serve on standing committees and task forces.
- ◆ Any Associate Membership may be revoked by a majority vote of the Board of Directors.

Annual Individual Dues are:

- \$75.00 A shareholder, officer, director, or employee of a long term care entity holding full membership; or
- \$50.00 A licensed administrators not currently employed in a facility; or
- \$25.00 A student/administrator in training (AIT)

Please check one:

- I am a shareholders, officers, directors, or employee(s) of a long term care entity holding full membership.
- I understand that individual membership is open to persons who are licensed nursing home administrators who are not currently employed in a nursing facility.
- I am a student/administrator in training (AIT).

I further understand that my application must be approved by formal resolution of the OAHCP Board of Directors according to those standard qualifications and procedures which have been established by the board.

According to the above understandings, I hereby make application for membership in the Oklahoma Association of Health Care Providers and agree, if accepted, to abide by the Constitution and Bylaws, support the Association goals and objectives, and comply with the code of ethics and pay the established dues.

Name: _____ Name of AIT Program/Facility: _____

Address: _____ Date of Completion: ___/___/___
City State Zip

Phone: () _____ Fax: () _____ E-mail: _____

Signature Adm. Lic. # (if applicable) _____ / /
Date

OAHCP dues are not deductible as a charitable contribution for tax purposes, but may continue to be deductible as a business expense. However, per Section 6033 (c) of the Internal Revenue Service Code for 1998, a reasonable estimate of 9% of OAHCP dues will be spent on lobbying and other expenditures subject to Section 162(e) (1) of the Code and therefore are not deductible for federal income tax purposes.

**FAX TO: 405.524.8354; Mail form with payment to: OAHCP, 200 NE 28th St., Okla. City, OK 73105
OR E-MAIL APPLICATION TO: sreece@oahcp.org**

<p>OAHCP 200 NE 28th Street – Okla. City, OK 73105 Telephone: 405-524-8338 Fax: 405-524-8354 Website: www.oahcp.org</p>	<p>Page 1</p>
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Dues may also be paid by completing the following information:

Please check: Check _____ Discover _____ MasterCard _____ VISA _____ American Express _____

Company Name: _____ Account Number: _____

Expiration Date: ____/____/____ V Code: _____ Zip Code: _____

Cardholder Name: _____

Cardholder Signature: _____

Authorized Amount: _____ for 2016 OAHCP Associate Membership