MEMBERSHIP & SERVICES ENROLLMENT

Company/Facility: _____

Mailing Address: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: ( ) _____ Fax: ( ) _____

Administrator: _____ Email: _____

Director of Nursing: _____ Email: _____

Email Address: _____

Number of CNAs/Caregivers: _____ Number of Licensed Beds: _____

National Affiliation: Yes _____ No _____ If Yes, Name of Affiliation: _____

State Affiliation: Yes _____ No _____ If Yes, Name of Affiliation: _____

Organization Type: Skilled _____ Assisted Living _____ Hospice _____ Home Health _____ Other _____

NAHCA CAREFORCE MEMBERSHIP & SERVICE INVESTMENT

Skilled Nursing Center
Monthly Investment $495
Annual Total $5,940

OAHCP Member Discount
Monthly Investment $445.50
Annual Total $5,346

OAHCP MEMBERS SAVE 10% WHEN JOINING NAHCA'S CAREFORCE
$594 PER YEAR IN SAVINGS

ENROLLMENT AGREEMENT

_____, Company/Facility agrees to pay the National Association of Health Care Assistants (NAHCA) _____ $5,345 Annually, OR _____ $445.50 Monthly for NAHCA Membership and Services.

_____ _____
Corporate/Facility Signature Print Name Date

_____ _____
NAHCA Signature Print Name Date

Enrollment Agreements may be faxed to (417) 623-2230 or mailed to 501 E. 15th St, Joplin, MO 64804
www.nahcacareforce.org (417) 623-6049