



Special Associate Membership Rate for Individuals

The North Dakota Long Term Care Association has recognized the fact that some licensed professionals are not employed within a healthcare facility, yet could still benefit from continuing education offered by our organization.

Please read the criteria below to determine if you are eligible for an individual associate membership.

Any individual may apply for an Individual Associate Membership if:


- You are not currently employed by a member facility of NDLTCA;
- You are not currently employed by a facility that meets the requirements of being a dues paying member of NDLTCA, but chooses not to be a member;
- You are not affiliated with any entity that is already a regular or expanded Associate Member of NDLTCA

Fees & Benefits of your membership:

- Membership rates at all of NDLTCA's continuing education conferences and events.
- Membership Fee of \$75 per year from the date you join.
- A listing in NDLTCA's Membership Directory & Buyers Guide, which is distributed to each member facility & regular and expanded associate members.

Contact Person
For More Info:

Pam Cook, Education Assistant
ND Long Term Care Association
1900 N. 11th Street, Bismarck, ND 58501
701-222-0660
pam@ndltca.org



**North Dakota
Long Term Care**
ASSOCIATION

Individual Associate Membership Application

Individual's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Please list your Profession: (i.e. Licensed Nursing Home Administrator, Licensed Social Worker, etc.) : _____

E-Mail Address: _____

Please accept my application for an individual associate membership. The following applies:

____ Enclosed is my check for \$75.00

____ Please charge my Visa or Mastercard as indicated below:

Name on Card: _____ Visa Mastercard

Credit Card #: _____ Exp. Date: _____

Authorized Signature: _____

Mail this form to: NDLTCA, 1900 N. 11th Street, Bismarck, ND 58501. Contact Pam Cook at 701-222-0660 or by e-mail at pam@ndltca.org if you have further questions.

NDLTCA reserves the right to refuse membership based on criteria provided.

For Office Use Only

Date Received: _____ Amount Paid: _____

Approved by: _____