

Associate Membership Program



The ND Long Term Care Association (NDLTCA) is a non-profit trade association representing long term care facilities in North Dakota. There are currently 160+ members representing nursing facilities, basic care and assisted living.

NDLTCA strives to enhance the quality of care its member facilities provide to North Dakota's elderly and disabled citizens. NDLTCA works closely with State and Federal government agencies along with other professional associations in its efforts to provide proven standards of care, as well as developing and implementing sound legislation and regulatory policies. NDLTCA is an affiliate of the American Health Care Association (AHCA). AHCA, located in Washington, DC is the largest organization of long term care facilities in the nation.

NDLTCA is dedicated to representing the best interest of residents living in long term care facilities. We will continue to serve our members in order to maintain the highest quality of life for the elderly and disabled.

MISSION STATEMENT

We are a professional association of long term care and community service providers who enhance the lives of people we serve through collaboration, education, and advocacy.

VISION STATEMENT

The North Dakota Long Term Care Association is recognized as an innovative leader in the continuum of care which has a positive impact on the quality of life of those we serve.

REGULAR ASSOCIATE MEMBERSHIP

There's no better way to establish business relationships with long term care facilities than by supporting their own trade association! NDLTCA encourages its members to utilize those companies supporting their industry.NDLTCA Associate Members!

- ♦Company listing in Membership Directory & Buyers Guide...this directory is distributed to each Administrator & DON in our 160+ member facilities!
- ♦If you have a web site or e-mail address, you will be linked from our web site where your company information will also be listed.
- ♦A 1/4 page advertisement in NDLTCA's Membership Directory & Buyer's Guide is included with dues. You can upgrade to larger sizes.
- ♦Member rates at all NDLTCA sponsored events...up to 1/2 off the cost of non-member rates.
- ♦You are invited to participate on any NDLTCA committees.

EXPANDED ASSOCIATE MEMBERSHIP

The Expanded Associate Membership includes all of the benefits of a Regular Associate Membership plus a copy of the NDLTCA Membership mailings that are electronically distributed. These mailings contain information on long term care issues specific to North Dakota and during the legislative sessions, a mailing is posted once a week with extensive updates.

INDIVIDUAL ASSOCIATE MEMBERSHIP

An 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.

Associate Membership Application

Please check one: Regular (\$300 per year) Expanded (\$650 per year) Individual (\$75 per year)

Company/Individual Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Web Site: _____

Please describe your products and services:

Contact Person (Please Print): _____ **Date:** _____

Signature: _____

Please select an appropriate category:

- | | |
|----------------------------------|--------------------------------|
| Accounting | Hospice |
| Advertising/Promotional/Printing | Hotels |
| Architectural | Insurance Services |
| Associations | Janitorial Services |
| Computers/Software | Legal Services |
| Construction | Licensed Professionals |
| Consultants | LTC Corporate |
| Education | Medical/Residential Center |
| Financial | Pharmacy/Pharmaceutical |
| Food Supplies | Security/Monitoring/Nurse Call |
| Furniture & Flooring | Supplies & Equipment |
| Group Purchasing | Telecommunications |

For office use only: Date received: _____ Approved: _____ Not Approved: _____ By: _____
Date Paid: _____ Amount: _____