panpha
an association of nonprofit senior services

Affiliate Membership Application

Name of Facility/Community Service Provider _____

Primary Contact Name & Title _____
(The name given here will be included in the PANPHA online Membership Directory listing for your company and will receive all PANPHA correspondence.)

Mailing Address _____

City _____ State _____ Zip _____ County _____

Phone _____ Fax _____ E-mail _____ Web _____

Number of Nursing Facility Beds _____ Number of Personal Care Beds _____ Number of Independent Units _____

Does your facility own, operate, or manage any Pennsylvania non-profit long-term care facilities? Yes _____ No _____

If yes, please list the names of the facilitie(s): _____

_____

Date _____ Amount Due $ _____

PANPHA Affiliate Membership Fees are prorated as follows:

If joining January 1 through June 30	Amount due: $1200
July 1 through November 30	Prorated by month ($1200 - 12 x months left in year)
December	Amount due: Complimentary (with payment of full dues beginning in January for the following year)

Referred by: _____ Signature: _____

Dues payments are not deductible as charitable contributions for federal income tax purposes.

PANPHA will occasionally send targeted information to specific departmental positions. Please provide contact information for the following positions in order to assist us in reaching those in your organization that will benefit the most.

	Contact	E-mail
__ Accounting Services		
__ Media/PR/Marketing		
__ Volunteer Director		
__ DON		
__ Finance Manager		
__ Human Resource Director		
__ Environmental Services/ Maintenance		
__ IT Manager		
__ Social Worker/Social Services		
__ Food Service		
__ Activities		

❑ Check enclosed - # _____
(Please make check payable to PANPHA.)

Please charge my:
❑ VISA ❑ MasterCard ❑ Discover ❑ American Express

Account #: _____

_____
Name of Cardholder/Expiration Date

_____
Signature of Cardholder

For questions regarding your application/renewal, please contact us at (800) 545-2270.

Please mail completed form with payment to:
PANPHA, 1100 Bent Creek Boulevard, Mechanicsburg, PA 17050

Or fax to: (717) 763-1057

FOR PANPHA STAFF USE ONLY:

Check #	_____	Balance Due	_____
Check Date	_____	Refund Amt	_____
Check Amt	_____	Date Entered	_____
CC Amt	_____		