



# Business Membership Application

Business Name \_\_\_\_\_

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.)*

Business Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_ Web \_\_\_\_\_

Products/Services *(will be included with your online Membership Directory listing)*

Does your firm 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 Enclosed \$ \_\_\_\_\_

**PANPHA Business Membership Fees are prorated as follows:**

- If joining January 1 through June 30      Amount due: \$800
- July 1 through November 30      Prorated by month (\$800 - 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.*

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

- Please select up to three (3) categories from the list below to be included in PANPHA's online Membership Directory:
- Accounting Services
  - Actuarial Services
  - Apparel
  - Architectural Services
  - Bathing Systems
  - Benefits Consulting
  - Cable TV/Telephone Services
  - Clinical Services
  - Computer Services
  - Construction Services
  - Consulting/Planning
  - Custom Cabinetry
  - Development
  - Development Plan Approval
  - Education
  - Employee/Employer Investment Plans
  - Engineering Services
  - Environmental Services
  - Financial Services
  - Food Service/Management
  - Furniture
  - Group Purchasing/Shared Services
  - Handicapped Equipment & Lifts
  - Home Health Care Services
  - Housekeeping/Laundry/Linen Services/Supplies
  - Human Resource Management
  - HVAC Design/Installation
  - Incontinence Management
  - Insurance Services
  - Interior Design
  - Investment Banking Services
  - IV Services
  - Janitorial Services/Supplies
  - Laboratory Services
  - Land Design/Site Selection
  - Legal Services
  - Management
  - Marketing/Public Relations
  - Medical Equipment/Supplies
  - Medical/Optometric Eye Care
  - Mobile X-Ray Services
  - Pharmacy Services/Supplies
  - Plant Operations/Supplies
  - Psychological Services
  - Real Estate Services
  - Rehabilitation Services
  - Reimbursement Services
  - Security Services
  - Senior Relocation Services
  - Signage
  - Tax Healthcare Consulting
  - Therapy Services
  - Transportation Services
  - Women's Health
  - Other/Please describe below:

**FOR PANPHA STAFF USE ONLY:**

Check # \_\_\_\_\_ Balance Due \_\_\_\_\_  
 Check Date \_\_\_\_\_ Refund Amt \_\_\_\_\_  
 Check Amt \_\_\_\_\_ Date Entered \_\_\_\_\_  
 CC Amt \_\_\_\_\_