



# Associate Business Member Application

**Explanation of Membership Benefits:**

- A Membership Directory, which lists all member facilities as well as the THCA Board of Directors and Region Chairs.
- The exclusive opportunity to participate at the THCA Trade Show and Convention through the ABM Registration.
- Participation at THCA Region Meetings.
- Eligible to serve on state committees.
- Receive THCA emails and mailings, including the newsletter THCA Notes.

<b>Status:</b> <input type="checkbox"/> <b>New Member 2021</b> <input type="checkbox"/> <b>Renewal</b>	<b>Member #:</b> _____ <i>(for office use only)</i> <hr/> <b>Date:</b> _____
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<b>Company Name:</b> _____	<b>Company Phone:</b> _____
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**Company Address (include City, State, Zip):** \_\_\_\_\_

**Company Website:** \_\_\_\_\_

Billing Contact (primary contact for invoicing)		Trade Show Contact (primary contact for Exhibits)	
<b>First Name:</b> _____	<b>Last Name:</b> _____	<b>First Name:</b> _____	<b>Last Name:</b> _____
<b>Mailing Address:</b> _____		<b>Mailing Address:</b> _____	
<b>Email Address:</b> _____		<b>Email Address:</b> _____	
<b>Phone:</b> _____	<b>Title:</b> _____	<b>Phone:</b> _____	<b>Title:</b> _____

Is your company owned, totally or in part, by a corporation or business that also operates or owns, totally or in part, any type of long term care facility in Texas?	<input type="checkbox"/>	<b>YES</b>
	<input type="checkbox"/>	<b>NO</b>

**Please check all of the categories below that describe the products and services that the company offers to the long term care profession:**

<input type="checkbox"/> Billing <input type="checkbox"/> Consultant <input type="checkbox"/> Dental Services <input type="checkbox"/> Design/Building/Remodeling <input type="checkbox"/> Dietary/Dietary Consulting <input type="checkbox"/> Educational/Training <input type="checkbox"/> Employment/Recruitment  Environmental Supplies & Services	<input type="checkbox"/> Finance <input type="checkbox"/> Food & Beverage <input type="checkbox"/> Imaging <input type="checkbox"/> Insurance/Risk Management <input type="checkbox"/> Legal Services <input type="checkbox"/> Medical Supplies & Equipment <input type="checkbox"/> Mobile Clinic  Nutrition	<input type="checkbox"/> Pharmacy/Pharmaceutical <input type="checkbox"/> Rehabilitation/Therapy <input type="checkbox"/> Security/Monitoring <input type="checkbox"/> Skin Care/Incontinence Supplies <input type="checkbox"/> Technology/Software <input type="checkbox"/> Transportation  Other/Additional Info: _____
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**Please provide a brief description of your company and the products/services it provides:**

**2021 Business Membership dues are \$1000.00 per calendar year.**

Please email your completed application to [aorris@txhca.org](mailto:aorris@txhca.org), and an invoice will be created and sent.