



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.

Status: <input type="checkbox"/> New Member 2018 <input type="checkbox"/> Renewal	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Member #:</td> <td style="width: 40%; padding: 5px; text-align: right;"><i>(for office use only)</i></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Date:</td> </tr> </table>	Member #:	<i>(for office use only)</i>	Date:	
Member #:	<i>(for office use only)</i>				
Date:					

Company Name:	Company Phone:
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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)	
First Name:	Last Name:	First Name:	Last Name:
Mailing Address:		Mailing Address:	
Email Address:		Email Address:	
Phone:	Title:	Phone:	Title:

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?

 YES
 NO

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"/> Finance	<input type="checkbox"/> Pharmacy/Pharmaceutical
<input type="checkbox"/> Consultant	<input type="checkbox"/> Imaging	<input type="checkbox"/> Rehabilitation/Therapy Security/
<input type="checkbox"/> Dental Services	<input type="checkbox"/> Insurance/Risk Management	<input type="checkbox"/> Monitoring
<input type="checkbox"/> Design/Building/Remodeling	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Skin Care/Incontinence Supplies
<input type="checkbox"/> Educational/Training	<input type="checkbox"/> Medical Supplies & Equipment	<input type="checkbox"/> Technology/Software
<input type="checkbox"/> Employment/Recruitment	<input type="checkbox"/> Mobile Clinic	<input type="checkbox"/> Transportation
<input type="checkbox"/> Environmental Supplies & Services	<input type="checkbox"/> Nutrition	Other: _____

Please provide a brief description of your company and the products/services it provides:

2018 Business Membership dues are \$1000.00 per calendar year.

Please return your check and completed application to:
Texas Health Care Association
 1108 Lavaca Street • Suite 500 • Austin TX 78701