



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 2019 <input type="checkbox"/> Renewal	Member #: _____ <i>(for office use only)</i> <hr/> Date: _____
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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?	<input type="checkbox"/>	YES
	<input type="checkbox"/>	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"/> Food & Beverage	<input type="checkbox"/> Rehabilitation/Therapy
<input type="checkbox"/> Dental Services	<input type="checkbox"/> Imaging	<input type="checkbox"/> Security/Monitoring
<input type="checkbox"/> Design/Building/Remodeling	<input type="checkbox"/> Insurance/Risk Management	<input type="checkbox"/> Skin Care/Incontinence Supplies
<input type="checkbox"/> Dietary/Dietary Consulting	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Technology/Software
<input type="checkbox"/> Educational/Training	<input type="checkbox"/> Medical Supplies & Equipment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Employment/Recruitment	<input type="checkbox"/> Mobile Clinic	Other/Additional Info: _____
Environmental Supplies & Services	Nutrition	

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

2019 Business Membership dues are \$1000.00 per calendar year.

If paying by credit card, please email your completed application to gmuniz@txhca.org, and an invoice will be created and sent. If paying by check, please mail your check WITH completed application to:

**Texas Health Care Association
1108 Lavaca Street • Suite 500 • Austin TX 78701**