



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 2020 <input type="checkbox"/> Renewal	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"/> 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: _____
<input type="checkbox"/> Environmental Supplies & Services	<input type="checkbox"/> Nutrition	

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

2020 Business Membership dues are \$1000.00 per calendar year.

Please email your completed application to aorris@txhca.org, and an invoice will be created and sent.