



Texas Health Care Association

# Business Membership Application

## EXPLANATION OF BUSINESS 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 exhibit at the THCA Trade Show and Convention.
- Participation at THCA Region Meetings.
- Participation in the Business Advisory Committee.
- Eligible to serve on state committees.
- Receive THCA emails and mailings, including the newsletter *THCA Notes*.

<b>Status:</b> <input type="checkbox"/> New Member 2016 <input type="checkbox"/> Renewal	Member # <span style="float: right;">(For Office Use Only)</span>
	Date

<b>Company Name</b>
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Billing Contact Name
Billing Contact Mailing Address
Billing Contact Email
Billing Contact Phone ( ) -

Trade Show Contact Name
Trade Show Contact Mailing Address
Trade Show Contact Email
Trade Show Contact Phone ( ) -

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"/> Rehabilitation/Therapy
<input type="checkbox"/> Consultant	<input type="checkbox"/> Imaging	<input type="checkbox"/> Security/Monitoring
<input type="checkbox"/> Dental Services	<input type="checkbox"/> Insurance/Risk Management	<input type="checkbox"/> Skin Care/Incontinence Supplies
<input type="checkbox"/> Design/Building/Remodeling	<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	<input type="checkbox"/> Other...Please Describe:
<input type="checkbox"/> Environmental Supplies & Services	<input type="checkbox"/> Nutrition	_____
	<input type="checkbox"/> Pharmaceutical	_____

**2016 Business Membership dues are \$1000.00 per calendar year.**

Please return your check and completed application to:

**Texas Health Care Association  
P.O. Box 4554  
Austin TX 78765**