

## APPLICATION FOR REGULAR MEMBERSHIP

Name of Facility: _____	Date: _____
Name of CEO/Administrator: _____	
Title: _____	
Phone: _____	FAX: _____
E-mail address: _____	Website address: _____
Mailing Address: _____	
City: _____	Zip: _____
Number and type of licensed beds (if applicable): _____	

### Regular Membership provides the opportunity to:

- *Serve on the Board of Directors, which provides leadership for the Association*
- *Participate in the Association's representation and advocacy mission—developing, monitoring, supporting or opposing health-related legislation and rules and regulations*
- *Be informed on the status of the industry through executive summaries of key legal, reimbursement and administrative rules and regulations*
- *Exercise full voting privileges*
- *Access free or reduced-price education*
- *Participate in the Association's Annual Membership Meeting*
- *Network with industry leaders and management*
- *Receive Association communications, including our weekly e-newsletter*
- *Receive complimentary copies of Association publications, studies, and survey results*
- *Access member-only reports and data*
- *Online listing in Association Membership Directory*
- *Post job openings on Association website*

**DUES:** Annual membership dues are calculated on the previous year's financial data. Dues are pro-rated by quarter if the agency/provider becomes a member after the first quarter of the fiscal year, which begins July 1.

*HAH does not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status.*