



2008 Corporate Branch Office Membership Application

Please complete the following and return with your FHCA Membership Dues. Print or type any corrections.

MEMBERSHIP INFORMATION

Contact Name: _____ Date _____
 Title: _____ Invoice _____
 Company Name: _____ Membership _____
 Mailing Address: _____
 City, State, Zip: _____
 County (if FL): _____
 Phone: _____ Fax: _____
 Email: _____
 Website: _____

OWNERSHIP/MANAGEMENT/MULTIFACILITY INFORMATION

Company Tax Status: Non-Profit Proprietary
 Select One: Management Company Ownership Company Both Alliance Member: Yes No

FHCA CORPORATE MEMBERSHIP

This membership is available to the company ONLY if all facilities under its ownership/management are FHCA members in good standing.

2008 CORPORATE BRANCH OFFICE MEMBERSHIP = \$150.00

***Corporate Home Office Membership must be paid before Branch Office Memberships can be accepted.**

Corporate Home Office Member ID: _____
 Corporate Home Office Member Company: _____
 Corporate Home Office Member Contact: _____

Branch Office Membership includes:

- All FHCA mailings, including *Pulse* newsletter and *Focus on Florida* e-newsletter
- Reduced rates for all FHCA seminars and events
- Eligibility to participate in district and state activities (i.e. serve on committees), no voting privileges
- Annual Membership Directory & Buyers' Guide and listing therein
- Expert advice from FHCA staff and consultants

PAYMENT INFORMATION

Check or Money Order (Payable to FHCA)
 Charge To: VISA MasterCard AmEx
 Name on Card: _____
 Card #: _____
 Exp. Date: _____
 Amount Authorized: _____
 Signature: _____

REMIT PAYMENT

Florida Health Care Association
 P.O. Box 1459
 Tallahassee, FL 32302-1459

Phone: (850) 224-3907 or (800) 771-3422
 Fax: (850) 681-2075

Contributions or gifts to FHCA are not deductible as charitable contributions for federal income tax purposes.
 66.6 percent of dues payments may be deductible by members as an ordinary business expense.