



2010 Corporate Membership Application

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

MEMBERSHIP INFORMATION

Contact _____ Invoice Date: _____
 Title: _____ Membership No.: _____
 Company _____ Invoice Number: _____
 Mailing _____
 City, State, Zip: _____
 County (if FL): _____
 Phone: _____ Fax: _____
 Email: _____
 Website: _____

OWNERSHIP/MANAGEMENT/MULTIFACILITY INFORMATION

Company Tax Non-Profit Proprietary
 National Yes No
Any individual or organization having financial interest and/or management control of 11 or more facilities or 1201 beds or more with a majority of the organization's beds operating outside the State of Florida or the home office operating outside the State of Florida.
 Florida Multifacility?: Yes No
Any individual or organization having financial interest and/or management control of 11 or more facilities or 1201 beds or more, with a majority of beds and the home office operating within the State of Florida.
 Independent?: Yes No
Any individual or organization that does not meet the criteria for either National Multifacility or Florida Multifacility.
 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.

2010 CORPORATE MEMBERSHIP = \$175.00

Membership includes:

- All FHCA mailings, including *Pulse* newsletter and *Focus on Florida* weekly 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: _____
 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.
 67 percent of dues payments may be deductible by members as an ordinary business expense.