



2010
Northeastern PA Long Term Care Association
Facility Member

Organization _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____ Email _____
Contact Person _____ Title _____

Description of services provided by organization _____

Facilities Only: Number of licensed nursing beds _____
Number of Assisted Living beds _____

Total Number of Employees _____

Key Contacts:

Name	Title	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____

Desired Method of Contact: _____ mail _____ fax _____ email

Type of Programs Requested _____

Annual Dues: \$100.00

Make checks payable to NEPALTCA and remit to: NEPALTCA
2309 STAFFORD AVENUE
SCRANTON PA 18505
ATTN: MICHELLE BAUBIE