



Vendor Member Application
Northeastern PA Long Term Care Association
2012

Organization _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ Email _____

Contact Person _____ Title _____

Description of services provided by organization _____

Additional
Contacts:

Name

Title

Email

Desired Method of Contact: _____ mail _____ fax _____ email

Type of Educational Programs Requested _____

Annual Dues: \$200.00

Make checks payable to NEPALTCA and remit to: NEPALTCA

PO BOX 3302

SCRANTON PA 18505-0302