



FACILITY MEMBER APPLICATION

Northeastern PA Long Term Care Association

2018

Organization _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ Email _____

Contact Person _____ Title _____

Description of services provided: _____

Facilities Only: Number of Licensed Nursing Beds _____

Number of Assisted Living Beds _____

Total Number of Employees _____

Additional Contacts:

Name

Title

Email

Desired Method of Contact: Mail _____ Fax _____ Email _____

Type of Educational Programs Requested _____

Annual Dues: \$100.00

Make checks payable to NEPALTCA and remit to: NEPALTCA
PO BOX 3302
SCRANTON PA 18505-0302