



*Facility 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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