



**FACILITY MEMBER APPLICATION**  
**Northeastern PA Long Term Care**  
**Association**  
**2019**

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