



# FACILITY MEMBER APPLICATION

## Northeastern PA Long Term Care Association

### 2017

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