



# NCCNHR MEMBERSHIP APPLICATION

NCCNHR: The National Consumer Voice for Quality Long-Term Care is a non-profit advocacy organization dedicated to improving the quality of life and care for all persons in long-term care facilities and those receiving long-term care in the community setting. We are consumers and advocates who define and achieve quality for people with long-term care needs.

**You can help NCCNHR help residents. Use the form below to join as a group or individual.**  
**With annual membership, you receive:**

- Significantly discounted registration rates for the annual conference (groups can register your staff at the member rate!)
- The Gazette - a monthly newsletter summarizing the latest developments and activities in long-term care and advocacy
- A weekly long-term care news service and timely policy updates and opportunities for advocacy action
- Deeply discounted conference calls and other trainings on timely issues and topics (groups can register your staff at the member rate!)
- Groups that fit the qualifications (consumer-controlled) and who pay their membership dues have voting rights at the annual elections

*Please Select and Circle Type of Membership:*

### Individual Memberships

Resident .....	\$ 2
Students/Nursing Assistants .....	\$10
Age 65 and over .....	\$25
Other Individuals.....	\$40
Licensed Professional.....	\$65
NALLTCO/NCCNHR Joint Membership.....	\$50

### Group Memberships

Resident Councils.....	\$ 5	Budget \$75,001 - \$150,000 .....	\$145
Family Councils.....	\$ 35	Budget \$150,001 - \$500,000 .....	\$200
Budget under \$25,000 .....	\$ 45	Budget \$500,001 - \$2 million.....	\$350
Budget \$25,001 - \$75,000 .....	\$ 75	Budget over \$2 million .....	\$500

Tax-Deductible Donations \$ \_\_\_\_\_

Donation in memory of / in honor of: (circle one)

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

### PAYMENT METHOD:

Check/Money Order Payable to NCCNHR

MasterCard  Visa  AMEX

Card number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Print name as it appears on card

\_\_\_\_\_

Membership Fee ..... \$ \_\_\_\_\_

Donation..... \$ \_\_\_\_\_

TOTAL AMOUNT TO BE PAID ..... \$ \_\_\_\_\_

Send check, money order or charge information to:

**NCCNHR**  
1828 L Street, NW, Suite 801  
Washington, DC 20036-2211  
Fax to: (202) 332-2949