

# MHCA

Mississippi Health Care Association

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*Leading the way in long-term care.*

*Invites you to join us .....*

*as an **Associate Member***

*of the*

*Mississippi Health Care Association*

*Mississippi Health Care Association*

*303 Brame Road*

*Ridgeland, Mississippi 39157*

*(601) 898-8320*

# Associate Member Benefits:



## **“First Pick” and discounts at MHCA events and Annual Trade Show**

*First choice for exhibit booths at our annual Convention & Trade Show, including a \$100 booth discount and first choice for sponsorship of Annual Convention events and other MHCA events.*

## **Your company’s listing in the MHCA Membership Directory, both in print and online**

*Member facilities and associate members will see your business as a vital link in services to the long-term care industry, along with a new, full-color bound directory with the opportunity to purchase ads at a discount for associate members!*



## **Access to MHCA Online Membership Directory**

*Each member facility’s name, administrator, address, phone/fax numbers, and email address; and for Associate Members, includes each organization’s name, product/service listing, key contact person, address, phone/fax numbers, and email address.*

## **Opportunities to sponsor educational seminars and training activities**

*Opportunities to learn new skills, brush up on old ones, and network with member facility staff*

**Access to current information on the long-term care industry’s trends and events through direct mailings, email and MHCA events.**

## **Access to MHCA’s “From the Capitol” during the state legislative session**

*Weekly (and daily, when necessary) updates on legislative action that impacts membership, residents in long-term care facilities, Medicaid, and regulatory actions among others.*



# MHCA Associate Membership Application

On behalf of the named organization, I hereby apply for Associate Membership in the Mississippi Health Care Association

Company Name \_\_\_\_\_

Billing Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address \_\_\_\_\_

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Primary Contact for Membership Information:

\_\_\_\_\_ E-mail address \_\_\_\_\_

Primary Contact for Convention Mail Outs:

\_\_\_\_\_ E-mail address \_\_\_\_\_

Primary Contact for Education Information:

\_\_\_\_\_ E-mail address \_\_\_\_\_

Please list products or services sold: \_\_\_\_\_

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Please list (2) Long Term Care Facility References:

Organization \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_ E-mail address \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Organization \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_ E-mail address \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

ANNUAL MEMBERSHIP DUES: \$500.00

Mail application along with a check or the following Visa/MasterCard authorization to:

Mississippi Health Care Association  
303 Brame Road  
Ridgeland, MS 39157

Please charge my Visa/MasterCard for the appropriate amount as indicated above:

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3 digit sec code: \_\_\_\_\_ Amount: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature \_\_\_\_\_