

**MEMBERSHIP APPLICATION/RENEWAL**  
**for Nursing & Assisted Living Facilities in the**  
**Mississippi Health Care Association**

I HEREBY APPLY, on behalf of the hereinafter named nursing facility, residential care facility, personal care home, assisted living facility, or sub-acute facility, for membership in the Mississippi Health Care Association and the American Health Care Association. I understand that as an applicant, if my membership application is accepted, that my facility will conform to the Codes of Ethics of both Associations, and their respective Constitutions and Bylaws. The information supplied hereinafter is accurate to the best of my knowledge and belief. I hereby authorize the Mississippi Health Care Association to make such inquiries, as it may deem appropriate and desirable, to verify the qualifications of the applicant facility for membership therein.

Name of Facility:			
Name of Applicant:		Title:	
<i>Facility's Mailing</i> Address:		City, State, & Zip	
<i>Facility's Physical</i> Address:		City, State, & Zip	
<i>Corporate Mailing</i> Address:		City, State, & Zip	
<i>Corporate Physical</i> Address:		City, State, & Zip	
Facility Administrator:			
Phone #:		Fax #:	
Email Address:		Website:	
Date licensed by State:		Date of Application:	
State Classification:		Number of Beds:	
Ownership (i.e., proprietary, church, non-profit, etc.)			
With what other nursing facility(ies), residential care facility(ies), personal care home(s), assisted living facility(ies), or sub-acute facility(ies) in Mississippi are you related to, either through common ownership, common management, or otherwise (use additional sheets, if necessary)?			
Please list on the reverse side of this application (or additional sheets, if necessary) the names and addresses of the principal owners of the nursing facility, residential care facility, personal care home, assisted living facility, or sub-acute facility which is making application herein to the Mississippi Health Care Association.			

<b>FOR MHCA OFFICE USE ONLY</b>			
Recommendation of the Membership Committee	' Approval ' Rejection (if rejected, state ground for rejection)	Chairman's Signature	
Action of the Board of Governors	' Approval ' Rejection	President's Signature	

