

Facility Membership Application

Please check the box that best describes your facility:

- Licensed Skilled Nursing Facility, Licensed Boarding Home, Independent Retirement Apartments, Proprietary, Non-Profit, Number of Licensed Beds, Number of Licensed Beds, Number of apartments

Facility Name: Address: County: City: State: Zip: Phone: Fax: Administrator: E-mail:

Additional Contact: Title Website Address: DSHS License Number:

Owner: Contact Person: E-mail: Mailing Address: City: State: Zip: Owner Phone: Owner Fax:

Please indicate what areas most interest your facility

- Group Retro, Reimbursement/Rates, Political Action Committee (PAC), Quality Improvement, Government Affairs, Education & Training, Convention & Trade Show, Legal Action, Regulations

As an authorized representative of the above named facility, I hereby make application for the facility for status as a Regular Member of the Washington Health Care Association. I hereby certify the above named facility is currently licensed by the State of Washington and has as its principal purpose the provision of residential care services. If accepted for membership, I pledge the facility will support WHCA's Bylaws and such codes of ethics and standards as may be established by the Board of Governors, and will ensure, to the best of it's abilities, provide services consistent with Federal, State and Peer Review Standards. I hereby certify that I am aware of provision 2(c) of Article II of the WHCA Bylaws which states: "If a facility seeks membership, all facilities, portions, units or beds thereof under common control, ownership or operation which are located in the State of Washington must become members."

Name of Applicant Applicant Title

Applicant Signature Date

WHCA Office Use Only

WHCA Board of Governors

Date Received

- Approved, Not-Approve

Date to Board

By Office Held Date

