

NCCNHR MEMBERSHIP APPLICATION

Send or fax completed form to NCCNHR, 1828 L Street, NW, Suite 801, Washington, D.C. 20036 or fax. 202-332-2949.

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. We accomplish quality through:

*informed, empowered consumers;
effective citizen groups and ombudsman programs;
promoting best practices in care delivery;
public policy responsive to consumer needs; and
enforcement of standards that promote quality.*

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

A free one-year subscription to NCCNHR's newsletter, the *Quality Care Advocate*

A 10% discount on NCCNHR publications

Advance notice and discount registration for NCCNHR Annual Meetings

The knowledge that you have strengthened the consumer voice on Capitol Hill

Consumer-controlled Group Members have voting rights in NCCNHR elections

Please 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

Tax-Deductible Donations

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

Group Memberships

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

NCCNHR is a nonprofit membership organization founded in 1975 by Elma L. Holder to protect the rights, safety, and dignity of America's long-term care residents.

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Name: _____

Title: _____

Organization: _____

Street Address: _____

City/State/Zip: _____

Phone: (_____) - _____

Fax: (_____) - _____

Email Address: _____

Total Amount to be Paid: _____

Payment Method: (check one)

Check/Money Visa MasterCard Amex

Order

Acct. #: _____ Exp: _____

Cardholder's name: _____
(please print)

Cardholder's Signature: _____