

*2008*  
**IDAHO HEALTH CARE ASSOCIATION  
IDAHO CENTER FOR ASSISTED LIVING  
RESIDENTIAL CARE MEMBERSHIP APPLICATION**

1. FACILITY NAME: \_\_\_\_\_
2. ADDRESS: \_\_\_\_\_
3. TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_
4. ADMINISTRATOR: \_\_\_\_\_ Email: \_\_\_\_\_
5. IDAHO ADMINISTRATOR'S LICENSE NUMBER: \_\_\_\_\_
6. NUMBER OF LICENSED BEDS: \_\_\_\_\_
7. IDAHO STATE FACILITY LICENSE NUMBER: \_\_\_\_\_

8. DUES ARE SET ANNUALLY BY THE GENERAL MEMBERSHIP AND ARE BILLED IN DECEMBER OF THE YEAR IMMEDIATELY PRECEDING THE YEAR TO WHICH THEY APPLY. THREE PAYMENT METHODS ARE ALLOWED FOR FULL YEAR MEMBERS. PLEASE CHOOSE A PAYMENT METHOD THAT YOU WILL USE FOR PAYMENT:

- A. PAYMENT OF FULL ANNUAL DUES NOT LATER THAN FEBRUARY 15TH OF THE YEAR TO WHICH THEY APPLY. A TWO PERCENT (2%) REDUCTION IS ALLOWED FOR ANNUAL PAYMENT IN ADVANCE.
- B. QUARTERLY WITH 1/4TH OF THE ANNUAL AMOUNT OWING PAID BY JANUARY 10TH WITH THREE EQUAL AMOUNTS PAID ONE EACH MONTH BY APRIL 10TH, JULY 10TH, AND OCTOBER 10TH.
- C. TEN EQUAL INSTALLMENTS WITH THE FIRST PAYMENT DUE BY JANUARY 10TH AND BY THE 10TH OF THE MONTH EACH MONTH FOLLOWING UNTIL PAID IN FULL NO LATER THAN OCTOBER 31.

(NOTE: INTEREST WILL BE APPLIED TO DELINQUENT ACCOUNTS AT A RATE SET BY THE IHCA-ICAL BOARD OF DIRECTORS AT ITS ANNUAL JANUARY MEETING.)

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9. MEMBERSHIP IN THE IDAHO HEALTH CARE ASSOCIATION-IDAHO CENTER FOR ASSISTED LIVING WILL BE AUTOMATICALLY RENEWED FOR A PERIOD OF ONE YEAR UNLESS:

- A. THE BOARD OF DIRECTORS ELECTS TO TERMINATE A FACILITY MEMBERSHIP FOR CAUSE, OR
- B. A WRITTEN REQUEST FOR VOLUNTARY TERMINATION IS RECEIVED IN THE ASSOCIATION OFFICE PRIOR TO JANUARY 1 OF THE YEAR TO WHICH TERMINATION WILL APPLY.

10. DUES FOR NEW MEMBER APPLICATIONS RECEIVED ON OR AFTER JULY 1 WILL BE FIFTY PERCENT (50%) OF THE ANNUAL AMOUNT. DUES PAID AT THAT TIME WILL BE IN THE FULL AMOUNT FOR THE REMAINDER OF THE YEAR AND ARE DUE UPON ACCEPTANCE OF THE APPLICATION.

11. ACCEPTANCE OF MEMBERSHIP IN THE IHCA-ICAL ALSO SIGNIFIES MEMBERSHIP IN THE NATIONAL CENTER FOR ASSISTED LIVING (NCAL) FOR WHICH DUES ARE COLLECTED AND PAID BY IHCA-ICAL IN THE TOTAL ANNUAL DUES ASSESSMENT.

**NOTE:** IN KEEPING WITH FEDERAL LAW, A PORTION OF AHCA/NCAL AND IHCA/ICAL DUES INVOLVING FEDERAL AND STATE LOBBYING WILL NOT BE DEDUCTIBLE IN 2008. THAT PORTION WILL BE PROMINENTLY IDENTIFIED ON THE DUES BILLING FORM.

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"IN MAKING APPLICATION FOR FACILITY MEMBERSHIP, I HEREBY AUTHORIZE IHCA-ICAL TO VERIFY INFORMATION PROVIDED BY ME."

AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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PLEASE RETURN THE COMPLETED APPLICATION BY FEBRUARY 15 TO:

IDAHO HEALTH CARE ASSOCIATION-IDAHO CENTER FOR ASSISTED LIVING  
P.O. BOX 2623  
BOISE, IDAHO 83701-2623

Telephone (208) 343-9735 FAX (208) 342-6891