

■ 2024 Association Business Member

APPLICATION



The Rhode Island Health Care Association (“RIHCA”) values its Associate Members, who provide critical items and services to the long term care profession.

Associate Members pay an annual fee for membership, payable upon application, and annually thereafter, on the anniversary date of approval. The 2024 Annual Fee Amount is seven hundred and seventy-five dollars (\$775).

The annual membership fee is to be included with the application for membership and will be returned promptly if the application should be denied for any reason. Membership Renewal is Automatic.

Organization Name

Principle Product/ Service

Address

Primary Contact Name and Title

Billing Contact Name

Primary Contact Email Address

Billing Contact Email Address

Phone Number

Please list any RI Nursing Homes you Currently do Business with:

Recommended by:

Signature of Individual Completing Form

Please return to RIHCA at 57 Kilvert St. Suite 200, Warwick R.I. 02886, along with a check made out to RIHCA in the amount of \$775.

Termination of Membership: Per RIHCA Bylaws: Section 4. Resignation: Any Associate Member may resign by filing a written resignation with the Secretary, but shall not relieve the member resigning of any obligation to pay prior dues, assessments or other charges theretofore accrued and unpaid.