



**Rhode Island Health Care Association, Application for Associate Membership**

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 of seven hundred and fifty dollars (\$750) for membership, payable upon application, and annually thereafter, on the anniversary date of approval.

The annual membership fee of \$750 is to be **included** with the application for membership and will be returned promptly if the application should be denied for any reason.

*Licensed long-term care facilities may not apply for an associate membership.*

*Please fill out and 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 \$750.*

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Principle Product/Service:** \_\_\_\_\_  
\_\_\_\_\_

**Please name any RI nursing facilities with whom you do business:**  
\_\_\_\_\_  
\_\_\_\_\_

**Recommended by:** \_\_\_\_\_

\*\*\*\*\*

RIHCA Use only

Date Rec'd. \_\_\_\_\_

Check Number: \_\_\_\_\_

Board Approval Date: \_\_\_\_\_