



**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 six hundred seventy dollars (\$670) for membership, payable upon application, and annually thereafter, on the anniversary date of approval.

The annual fee of \$670.00 is to be **included** with the application for membership and will be returned promptly if the application should for any reason be denied.

*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 \$670.00.

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

OAG Checked \_\_\_\_