



Iowa Health Care Association
Iowa Center for Assisted Living
Iowa Center for Home Care

Application for Membership

Includes application for membership in Iowa Health Care Association, Iowa Center for Assisted Living, Iowa Center for Home Care, and if applicable, the American Health Care Association (AHCA) and National Center for Assisted Living (NCAL).

Organization Name _____

Address _____ City _____ ZIP _____ County _____

Billing Address if different _____

Telephone (_____) _____ Fax (_____) _____ Website _____

Organization Contact's Name _____ Email _____

Operating company name (if applicable) _____

Address _____ City _____ State _____ ZIP _____

Telephone (_____) _____ Website _____ Ownership type: Proprietary ___ Non-Proprietary ___

Does any owner have financial interest in any other health care facilities/agencies in Iowa? ___ Yes ___ No

If yes, please list _____

Type of Facility/Service	Provider Name (and address if different than above)	Number of Beds/Apts	Administrator Name and Email	
Assisted Living Program				
Home Health Care Agency		NA		
Nursing Facility				
Residential Care Facility				
Independent Living Apartments				

Additional Information _____

APPLICATION WILL NOT BE CONSIDERED UNTIL ALL PORTIONS HAVE BEEN COMPLETED

We understand acceptance of this application is subject to approval by the Board of Directors and agree to comply with all the terms and conditions of the association bylaws following the Board of Directors approval.

Applicant signature _____ Date _____

phone: 515.978.2204
toll-free: 800.422.3106
fax: 515.978.2209

1775 90th Street, West Des Moines, IA 50266-1563

www.iowahealthcare.org



Membership dues structure for 2016

Assisted Living, Residential Care Facility, and Elder Group Home

Iowa Center for Assisted Living (ICAL) & National Center for Assisted Living (NCAL)

\$39.00 – per apartment unit, per year \$10.50 – per apartment unit, per year

Home Health Agency (Home Care & Private Duty) Providers

Iowa Center for Home Care (IHC)

\$525 per organization, per year

National Association of Home Care & Hospice (NAHC)

Membership application & dues made directly through NAHC

Nursing Facility

Iowa Health Care Association (IHCA) & American Health Care Association (AHCA)

\$58.50 – per licensed bed, per year \$20.60 – per licensed bed, per year to a maximum of 200

Senior Housing (Independent Living) Apartments

\$100 - 1 to 25 units; \$200 - 26 to 50 units; \$300 - 51 to 100 units; \$400 - 101+ units, per year

IHCA Associate

Hospice agency, adult day care, or providers under development such as: assisted living, nursing facility, residential care facility: \$500 per organization, per year.

Dues payment options (select one)

___ annual* ___ semi-annual ___ quarterly

* 5% dues discount for nursing facility, assisted living, or residential care facility paying annual dues (no other discounts apply).

District dues: Each District establishes its own district dues.

Minimum dues: \$100 is minimum dues for any member.

All beds, units, services must be included: IHCA, ICAL, ICHC bylaws state "it shall be expected that any member who owns and operates more than one of the above services shall have 100% of those facilities/services in membership of the IHCA, ICAL, and ICHC."

Termination of membership: A member may voluntarily withdraw from membership in the Association with 30-day written notice. Upon voluntary termination, dues shall not be refunded. Termination does not reduce or forgive any debt owed at the time of termination.

1/2016

phone: 515.978.2204
toll-free: 800.422.3106
fax: 515.978.2209

1775 90th Street, West Des Moines, IA 50266-1563

www.iowahealthcare.org