



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



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2013 IHCA ICAL Associate Member & Sponsorship Program Application

Associate Membership entitles my firm/organization to participate in the Iowa Health Care Association and Iowa Center for Assisted Living as an associate member, which excludes the right to vote in association affairs. The Association will carry a listing of my organization's membership in the convention program book and e-newsletters to encourage patronage of my company (firm or organization). My Associate Membership will take effect upon approval by the IHCA and/or ICAL Board of Directors. I understand that the Associate Membership will be automatically renewed each year, unless terminated in writing, and I will be billed for the yearly membership fee.

Associate Membership fee of \$500 (per calendar year) must accompany application. Mail check and application to IHCA ICAL, 1775 90th St., West Des Moines, IA 50266-1563.

Associate members are also eligible to participate in our Sponsorship Program. Commitment to the Sponsorship Program must be made by May 1 to be included in all listed benefits and events.

Please type or print clearly

Date _____

Company name (as it will appear in IHCA ICAL publications)

Street address _____

Mailing address (if different) _____

City _____ State _____ Zip _____

With additional locations in these cities serving Iowa _____

Contact person _____ Title _____

E-mail _____ Website _____

Telephone (_____) _____ Fax (_____) _____

Description of goods and/or services offered by company _____

Areas of state where company conducts business _____

Facility types served (check all that apply)

NF _____ AL _____ RCF _____ Senior Housing _____ Home Health _____ Adult Day _____

Application for (check all that apply)

Associate Membership _____ (\$500 annual dues must accompany application)

Sponsorship Level: Gold (\$25,000) _____ Silver (\$12,500) _____ Bronze (\$5,000) _____

Referred by IHCA ICAL member (optional) _____