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APPLICATION FOR MEMBERSHIP

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

Community Name _____

Address _____ City _____ ZIP _____ County _____

Billing Address if different: _____

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

Community Contact's Name _____ Email: _____

Operating company, if applicable; Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ 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 (& Address if different than above)	Number of Beds/Apts	Administrator Name & Email
Nursing Facility			
Assisted Living Facility			
Residential Care Facility			
Senior Housing Apartments			
Elder Group Home			
Home Health Provider		---	
Hospice		---	
Adult Day Services Program			

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 of IHCA-ICAL and agree to comply with all the terms and conditions of the association bylaws following the Board of Directors approval.

Applicant signature _____ Date _____

MEMBERSHIP DUES STRUCTURE FOR 2013

Nursing Facility

Iowa Health Care Association (IHCA) & American Health Care Association (AHCA)
\$52.50 – per licensed bed, per year \$20.60- per licensed bed, per year to a maximum of 200

Assisted Living, Residential Care Facility, and Elder Group Home

Iowa Center for Assisted Living (ICAL) & National Center for Assisted Living (NCAL)
\$33.00 - per certified unit, per year \$10.50 - per certified unit, per year

Senior Housing Apartments

Iowa Center for Assisted Living (ICAL)
\$100 - 1 to 25 units; \$200 - 26 to 50 units; \$300 - 51 to 100 units; \$400 - 101+ units, per year

Home Health Agency and Home and Community Based Provider

Iowa Center for Assisted Living (ICAL)
\$500 per organization, per year

IHCA-ICAL 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, residential care facility or elder group home paying annual dues (no other discounts apply).

District dues: Each IHCA ICAL District establishes its own district dues.

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

All beds, units, services must be included: IHCA and ICAL 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 and ICAL.”

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.

12/2012