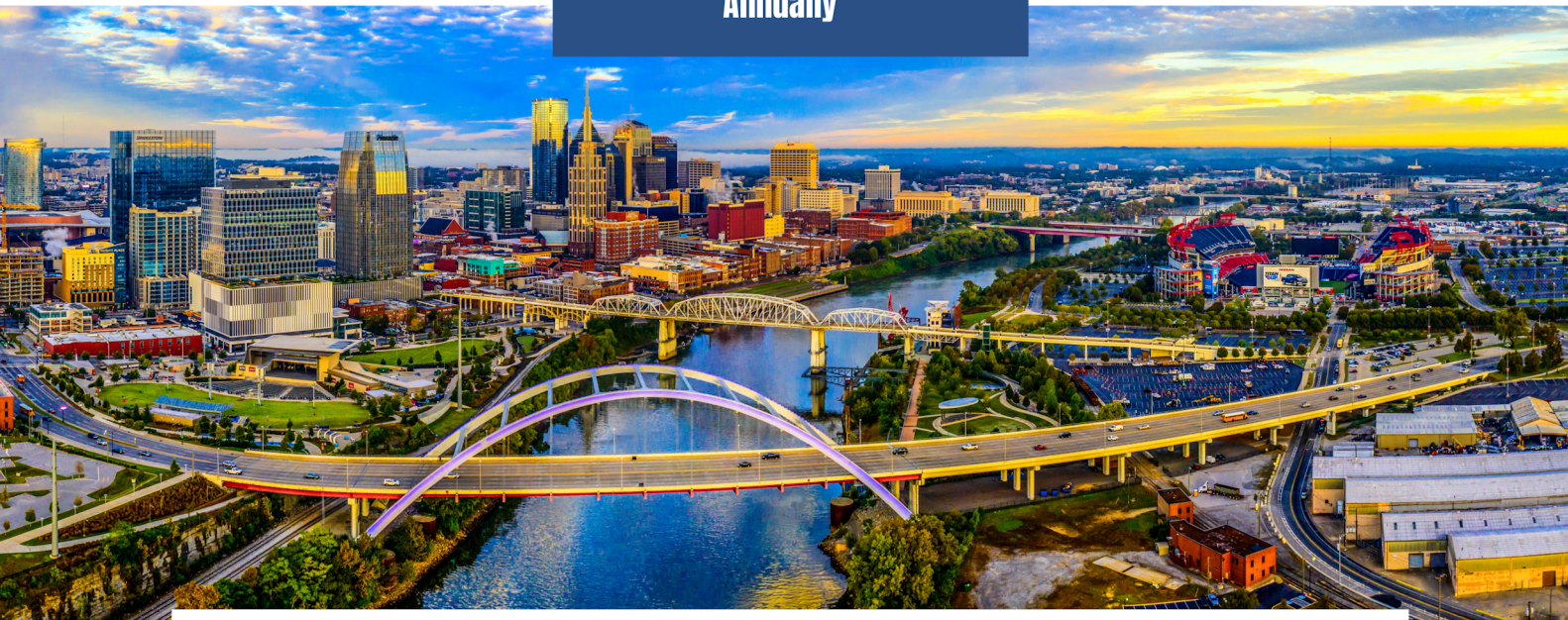


# THCA Associate Business Membership

**\$525**  
Annually



## Become a Member Today

### Building Business in Tennessee

Associate membership is designed to keep you informed of industry happenings, improve communications and networking between vendors and member facilities, and provide a channel for building business relationships. Associate members are an integral part of the long-term care community and we value your support and participation.

**THCA** TENNESSEE HEALTH CARE ASSOCIATION

**TNCAL** TENNESSEE CENTER FOR ASSISTED LIVING  
AN ORGANIZATION OF **THCA**

Apply Online  
[www.thca.org](http://www.thca.org)

## Benefits Include:

- Discounted member rate to exhibit (\$400 less than a non-member)
- Standard company listing in the Buyer's Guide section of the annual Membership Handbook (provided application is received by 1/31/24)
- Company listing in online Vendor Finder of the THCA website
- Electronic copy of THCA/TNCAL member facilities, including administrator contact information(Excludes emails)
- Subscription to Perspective magazine, THCA's quarterly publication
- Company listing on the "Welcome Member" page in an issue of Perspective magazine
- Subscription to Associates Monthly, an e-newsletter to keep Associate members informed of critical long-term care issues
- Subscription to Week In Review e-newsletter, a weekly compilation of news related industry articles
- First option for advertising and sponsorship opportunities

**THCA Associate Membership dues for 2024 are \$525 per calendar year**

**Apply online [www.thca.org](http://www.thca.org)**

# Associate Business Membership Application

Membership renews on a calendar year, effective January-December. Dues are not refundable. To be listed in the Buyer's Guide section of the 2024 THCA/TNCAL Membership handbook, application and payment must be received no later than January 31, 2024.

## GENERAL INFORMATION

Organization Name :

Primary Contact Name :  Title :

Address :

City:  State:  Zip:

Phone Number:  Fax Number:

Email :  Website:

How did you hear about THCA/TNCAL? (If a member referred you, please provide their name)

Provide description of your company, product and/or service (50 word limit)

## PRODUCT CATEGORY (CHOOSE ONE)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Accounting/Reimbursement             | <input type="checkbox"/> Hospice Care                          | <input type="checkbox"/> Pharmacy Services/Pharmaceuticals |
| <input type="checkbox"/> Ambulance Services                   | <input type="checkbox"/> Insurance Products & Services         | <input type="checkbox"/> Quality Management Tools          |
| <input type="checkbox"/> Dental/Eye Care, Podiatry, Audiology | <input type="checkbox"/> Laundry Services & Equipment          | <input type="checkbox"/> Rehabilitation/Therapy Services   |
| <input type="checkbox"/> Design/Remodel/Construction          | <input type="checkbox"/> Legal Services                        | <input type="checkbox"/> Safety/Security                   |
| <input type="checkbox"/> Environmental Services & Equipment   | <input type="checkbox"/> Linens & Textiles                     | <input type="checkbox"/> Satellite TV/Cable/Internet       |
| <input type="checkbox"/> Financial Services                   | <input type="checkbox"/> Long-Term Care Consulting             | <input type="checkbox"/> Staffing                          |
| <input type="checkbox"/> Food Service/Nutrition               | <input type="checkbox"/> Medical Supplies, Equipment, Services | <input type="checkbox"/> Technology/Software               |
| <input type="checkbox"/> Furnishings/Interior Design          | <input type="checkbox"/> Medical Waste Disposal                | <input type="checkbox"/> Training/Educational Resources    |
| <input type="checkbox"/> Group Purchasing                     | <input type="checkbox"/> Mental Health Services                | <input type="checkbox"/> Transportation                    |
|   | <input type="checkbox"/> Other: <input type="text"/>           | <input type="checkbox"/> X-Ray/Laboratory Services         |

## MEMBERSHIP PAYMENT

2024 Associate Membership \$525  New Member  Renewal

Check Enclosed (Payable to THCA) Ck#

VISA  MasterCard  American Express

Card Number:

Exp. Date

Name on Card (Print):  Authorized Signature:

Cardholder's Mailing Address:   
(Where credit card bill is received)

City:  State:  Zip:

## Please mail this form with payment to:

THCA/TNCAL, P.O. BOX 440548, Nashville, TN 37244-0548

Fax: (615) 834-2502

Questions? Call THCA's Programs Manager

(615) 346-7115 mthompson@thca.org



AN ORGANIZATION OF THCA