



Advancing quality. Improving lives.

On behalf of the PHCA Board and our 500+ long-term care provider members, thank you for your membership. In 2018, PHCA offered our Business Partners the opportunity to engage members through webinars, the PHCA Business Partner referral listing and a variety of networking and education-focused events. We are looking forward to growing our membership and member offerings in 2019 to provide even more opportunities for exposure, meaningful interactions and relationship building. Join us!

2019 Annual Business Partner Dues: \$535

(Please add \$150 for each branch office included.)

Name: _____ Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____

Email Address: _____ Website: _____

Company Description: _____

Please list keywords to associate with your company's name in the PHCA online product /service search:

Have a PHCA representative contact me about speaker and/or sponsorship opportunities: Yes No

We hereby apply for Business Partner Membership in the Pennsylvania Health Care Association. Upon approval of this application, we agree to comply with PHCA Bylaws and to support its Principles, Aims and Objectives. We will endeavor to help maintain the professional standards set by the Association.

Signature of Applicant: _____ Date: _____

Payment: Visa, Master Card, Discover or Checks.

Membership dues must accompany your application. All member services will commence upon receipt of this application.

Cardholder Name: _____

Credit Card: Visa _____ MasterCard _____ Discover _____ American Express _____

Credit Card Number: _____ - _____ - _____ - _____ Expiration Date: ____/____

Credit Card Security Code: _____ Check Enclosed: _____

Please mail payment to: PHCA, 315 North Second Street, Harrisburg, PA 17101

You now pay your dues online! Visit: www.phca.org/about/business-partners/become-a-business-partner

Questions? Contact: Beth Weachter
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bweachter@phca.org | 717-221-7932