



nebraska  
nursing facility association



nebraska  
assisted living association

advocate. educate. support.

For NNFA/NALA Office Use:  
 ACCTNG  NHCADB

## DEVELOPING FACILITY MEMBERSHIP APPLICATION

Name of Facility \_\_\_\_\_ Date \_\_\_\_\_  
 Facility Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Facility Phone (include area code) \_\_\_\_\_ Facility Fax (include area code) \_\_\_\_\_  
 Projected License Date \_\_\_\_\_

### Membership Application for:

- Nursing Facility Licensed Beds Only (SNF, NF)
- Assisted Living Licensed Beds Only
- Nursing Facility and Assisted Living Licensed Beds

### Projected Number of Licensed Beds:

\_\_\_\_\_ Nursing Facility Beds (SNF, NF)  
 \_\_\_\_\_ Assisted Living Beds

### Type of Operation:

- \_\_\_\_\_ Non-Profit Independent Owner
- \_\_\_\_\_ Non-Profit Multi-Facility Owner
- \_\_\_\_\_ Proprietary Independent Owner
- \_\_\_\_\_ Proprietary Multi-Facility Owner
- \_\_\_\_\_ Governmental (City, County, State, District)

Legislative District: \_\_\_\_\_

**NNFA/NALA Developing Facility Membership is invoiced monthly until the facility is licensed by the state of Nebraska. Developing Facility Members are non-voting members.**

**Email is used for delivery of information. Please keep NNFA/NALA informed of your current email address!**

Contact Name \_\_\_\_\_ Contact Email \_\_\_\_\_  
 Contact Address, City, State, Zip \_\_\_\_\_  
 Contact Phone (include area code) \_\_\_\_\_  
 Owner \_\_\_\_\_ Management Company \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City, St, Zip \_\_\_\_\_ City, St, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Phone \_\_\_\_\_

**RESPONSIBILITIES:** The undersigned hereby agrees to abide by the policies of the Nebraska Health Care Association. Member applicants are subject to approval by the Association's Board of Directors.

- CHECK THIS BOX if you DO NOT WANT YOUR EMAIL ADDRESS PUBLISHED online or in printed NNFA/NALA membership directories.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Title \_\_\_\_\_

### MONTHLY DEVELOPING FACILITY MEMBERSHIP FEE: \$50 PER MONTH (NON-REFUNDABLE; NOT PRO-RATED) INVOICED MONTHLY

(Make checks payable to: NEBRASKA HEALTH CARE ASSOCIATION)

Contributions or gifts to the Nebraska Nursing Facility Association and/or Nebraska Assisted Living Association are not deductible as charitable contributions for federal income tax purposes. Dues payments may be deductible by members as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities.

**NNFA/NALA estimates the nondeductible portion of your 2023 dues – the portion which is allocable to lobbying – is 17.23%.**

1200 Libra Drive, Suite 100, Lincoln, NE 68512 P: 402-435-3551 nehca.org

Affiliates of the Nebraska Health Care Association,  
 American Health Care Association, and National Center for Assisted Living

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