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For NNFA/NALA Office Use:  
 ACCTNG    NHCADB  
 AHCADB

## FACILITY MEMBERSHIP APPLICATION

Name of Facility \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Facility Phone (include area code) \_\_\_\_\_ Fax (include area code) \_\_\_\_\_  
 Facility Website \_\_\_\_\_  
 Name of Administrator (Designated Representative) \_\_\_\_\_  
 Email \_\_\_\_\_ Cell Phone (include area code) \_\_\_\_\_  
 (Cell phone numbers for emergency contact only. Cell phone numbers will not be published.)

### Membership Application for:

- Nebraska Nursing Facility Association (NNFA)  
Nursing Facility Licensed Beds Only  
(SNF, NF)
- Nebraska Assisted Living Association (NALA)  
Assisted Living Licensed Beds Only
- Both NNFA and NALA  
Nursing Facility and Assisted Living  
Licensed Beds

### Number of Licensed Beds:

(Dues are based on the number  
and type 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: \_\_\_\_\_

### DUES PAYMENT PLAN

- \_\_\_\_\_ ANNUAL..... Dues are billed January 1. FACILITIES THAT PAY BY JANUARY 15 MAY DEDUCT 2.5%.\*
- \_\_\_\_\_ SEMI-ANNUAL ... Dues are billed January 1 and July 1.\*
- \_\_\_\_\_ QUARTERLY ..... Dues are billed January 1, April 1, July 1, and October 1.\*
- \_\_\_\_\_ MONTHLY ..... Dues are billed on the 1st of each month.\*

\*DELINQUENCY POLICY: Payment terms are 30 days. A 1.5% per month finance charge will be imposed on the outstanding principal balance not paid by the due date.

### MEMBERSHIP DUES

Dues include membership in the Nebraska Nursing Facility Association and/or Nebraska Assisted Living Association, the appropriate district of the Nebraska Nursing Facility Association and/or Nebraska Assisted Living Association, and the American Health Care Association (AHCA) and/or the National Center for Assisted Living (NCAL). Membership dues shall be in accordance with the current dues schedule and paid in accordance with the accepted payment plan of the Nebraska Health Care Association, Inc. Membership is on a calendar year basis. Dues are pro-rated for new members applying after January of each year. The dues policy is available at [nehca.org/2024membership](http://nehca.org/2024membership).

### 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. Information on termination of membership is available at [nehca.org/2024membership](http://nehca.org/2024membership).

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

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 2024 dues – the portion which is allocable to lobbying – is 17.23%.**

**Email is used for delivery of information to members.  
Please keep NNFA/NALA informed of current email  
addresses!**

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



**Owner/Management Company**

Owner \_\_\_\_\_  
Address \_\_\_\_\_  
City, St, Zip \_\_\_\_\_  
Phone \_\_\_\_\_

Management Company \_\_\_\_\_  
Address \_\_\_\_\_  
City, St, Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**IF APPLICABLE, please identify the individuals  
who fill these roles in your facility:**

**Nursing Facility Staff**

NNFA Alternate Designated Representative  
(For voting purposes when the administrator is unable to vote)

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Director of Nursing: \_\_\_\_\_

Director of Nursing Email: \_\_\_\_\_

Social Services Director: \_\_\_\_\_

Social Services Director Email: \_\_\_\_\_

Activities Director: \_\_\_\_\_

Activities Director Email: \_\_\_\_\_

Dietary Manager: \_\_\_\_\_

Dietary Manager Email: \_\_\_\_\_

Medical Director (Full Name): \_\_\_\_\_

Medical Director Email: \_\_\_\_\_

**Assisted Living Facility Staff**

NALA Alternate Designated Representative  
(For voting purposes when the administrator is unable to vote)

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Resident Services Director: \_\_\_\_\_

Resident Services Director Email: \_\_\_\_\_

**Accounts Payable Contact**

Invoices and statements are emailed. Please supply the  
information below for your accounts payable contact.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email (1): \_\_\_\_\_

Email (2): \_\_\_\_\_

If your facility is tax-exempt, send Form 13, Nebraska Resale  
or Exempt Sale Certificate for Sales Tax Exemption, by mail or  
email to:

NNFA/NALA, 1200 Libra Dr Ste 100, Lincoln NE 68512-9628

membership@nehca.org

**Certifications**

\_\_\_\_ Nursing Facility Medicare Certification

\_\_\_\_ Nursing Facility Medicaid Certification

\_\_\_\_ Assisted Living Medicaid Certification