



nebraska  
nursing facility association



nebraska  
assisted living association

advocate. educate. support.

For NNFA/NALA Office Use:

- ACCOUNTING
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## PERSONAL ASSOCIATE MEMBERSHIP APPLICATION

PLEASE PRINT OR TYPE:

Date \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

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

**NNFA/NALA Personal Associate Membership is renewable annually and includes NNFA/NALA/NHCLC events and products at discounted rates.**

**If you are working for a long-term care facility and the facility is not a member, please request facility membership information.**

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

Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Interest areas related to long-term care \_\_\_\_\_

\_\_\_\_\_

**Please enclose payment for the membership fee with the completed application form.**

ANNUAL PERSONAL ASSOCIATE MEMBERSHIP FEE (January-December): \$50 (Non-refundable)  
(Membership Fee is NOT Pro-rated)

**Payment Information:**  **Check Enclosed** (Make checks payable to: NEBRASKA HEALTH CARE ASSOCIATION)

**Cash**

**Credit Card** →

Cardholder's Name (please print) \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVC # \_\_\_\_\_

Cardholder's Billing Address, City, State, Zip \_\_\_\_\_

\_\_\_\_\_

Cardholder's Email \_\_\_\_\_

Signature \_\_\_\_\_

Your signature on the line above will authorize this transaction. ↑

Contributions or gifts to the Nebraska Nursing Facility Association and/or Nebraska Assisted Living Association are not tax 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%.**

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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