



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:
Projected Number of Licensed Beds:
Type of Operation:
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 2026 dues - the portion which is allocable to lobbying - is 16.4%.