



2010 Facility Membership Application - SNF

California Association of Health Facilities
2201 K Street, Sacramento, CA 95816
Phone: 916-441-6400 Fax: 916-441-6441

PLEASE PRINT CLEARLY

Name of Facility _____ Phone _____
Address _____ City/State _____ ZIP _____
Administrator/Contact _____ Fax _____
Administrator E-mail _____

Owner, Corporate Name or Mgmt Company** _____
Address _____ City/State _____ ZIP _____
Ownership Contact _____ Phone _____
Owner E-mail _____ WWW URL _____

****NOTE:** The CAHF Bylaws state that If your company owns, operates, manages or controls more than one facility, then all your facilities must be in membership at the same time and a separate application must be submitted for each facility (feel free to photocopy this form). Additionally, those eligible for facility membership may not choose associate (vendor) membership in lieu of facility membership.

PLEASE ENTER YOUR NUMBER OF LICENSED BEDS:

<u>Type of SNF</u>	<u>Number of beds</u>	<u>Mental Health</u>	<u>Number of Beds</u>
Skilled Nursing Facility	_____	Special Treatment Program (STP)	_____
ICF	_____	Mental Health Rehab Center (MHRC)	_____
SNF Distinct Part (DP)	_____		
Alzheimer's Unit	_____		
Secured Geriatric	_____		

PLEASE CHECK ONE: For Profit Not for Profit

SIGNATURE REQUIRED HERE

Application authorized by: _____ Title _____

Please print name _____ Date _____

Signature on this application serves as an agreement between CAHF and the applying facility/company to pay dues and assessments as set yearly at the CAHF House of Delegates. It also serves as permission for CAHF to fax or e-mail items of interest to your company and/or company representatives listed herein. CAHF's preferred providers (vendors) receive your contact information for mailing list purposes. The failure to pay required dues and assessments will disqualify you from accessing or continuing to access preferred provider goods and/or services

FOR CAHF OFFICE USE ONLY:

<u>Membership Dept.</u>	<u>Info Tech Dept.</u>	<u>Accounting Dept.</u>
Welcome Letter _____	TIMSS # _____	Invoice sent _____
New Member Box _____	Chapt Pres _____	RC Bill Sent _____
AHCA Notified _____	Extra Mailing _____	Other _____
	Mail Code _____	Other _____
	Mail Code _____	Other _____
	Product _____	Other _____
	Product _____	Other _____
	Product _____	Other _____
	Product _____	Other _____

California Association of Health Facilities - 2010 SNF Facility Member Dues

Under the membership structure of the California Association of Health Facilities (CAHF), acceptance of a membership application automatically enrolls the facility into the American Health Care Association, the California Association of Health Facilities, and the appropriate local Chapter of CAHF. Your dues cycle (monthly billing via coupon book) begins when the application is processed. Membership fees include \$10.00 for the first subscription of *CAHF News*. Subsequent subscriptions are available at the regular price of \$200.00 each. The following information explains the dues structure:

2010 Mandatory Dues for CAHF Members:

CAHF Membership Dues

NF and ICF/DD Per bed/per year.....\$49.40

Dues for National Association (AHCA-American HC Assoc.)

NF and ICF/DD Per bed/per year.....\$20.60

CAHF Chapter Dues

Per bed/per year (average).....\$ 2.00
(See list at right for your exact amount)

TOTAL MANDATORY DUES \$72.00
(Per bed/per year)

Voluntary Dues for CAHF Members:

The following dues are voluntary, but are nonetheless vitally important. We urge you to be a contributor.

Political Activity Fund

Suggested contribution is \$5.00 per bed

This is a voluntary contribution to support Association involvement in election campaigns and other politically-oriented activities.

2010 Voluntary Contribution Campaign

Suggested contribution is \$15.00 per bed

This is a voluntary contribution to support Association involvement in politically-oriented activities related to liability reform.

2010 Chapter Dues (for SNF):

Chapter Name	Dues Amount
Central Coast	\$3.00 per bed
Central Valley	\$1.00 per bed
Channel Islands	\$2.00 per bed
Delta	\$2.00 per bed
East Bay	\$2.50 per bed
Golden Gate	\$2.00 per bed
Kern County	\$3.00 per bed
Long Beach/South Bay	\$2.00 per bed
Los Angeles	\$2.00 per bed
Orange County	\$2.00 per bed
Pasadena/San Gabriel	\$2.00 per bed
Progress Valley	\$2.75 per bed
Redwood Empire	\$1.50 per bed
Sacramento	\$2.00 per bed
San Bernardino/Riverside	\$1.00 per bed
San Diego	\$2.00 per bed
San Fernando Valley	\$2.00 per bed
Santa Clara/Monterey	\$3.20 per bed
Sierra	\$4.00 per bed

For information on your Chapter meeting, click on "Chapters" at the CAHF website at www.cahf.org.

Your copy of the CAHF Buyer's Guide and other membership materials will be mailed to you shortly after your membership application is processed

CAHF Newsletters, CAHF Website and CAHF E-mail Forums

Any member can access the electronic version of the newsletter on the CAHF website at www.cahf.org. Upon joining, members can follow the website directions for obtaining a password. This password will allow access to newsletters and other valuable "members only" sections of the website. CAHF also has e-mail forums for various provider categories and interests. Information on these will be sent to you after your application has been processed.

Welcome to CAHF. We look forward to your involvement in the Association.