

2010 UNDER CONSTRUCTION Membership Application

Please send completed application to: **California Association of Health Facilities (CAHF)**
Street Address: 2201 K Street, Sacramento, CA 95816
Phone: (916) 441-6400 Fax: (916) 441-6441

Facility Name (if known) _____ Phone _____
Address _____ City _____ ZIP _____
Administrator/Contact _____ Fax _____
Name of Owner/Management*** _____
Address _____ City/State _____ ZIP _____
Ownership Contact _____ Phone _____
E-mail _____ WWW URL _____

Please check one: For Profit Non- Profit

Please select type of facility now under construction:

- Skilled Nursing Facility/DP/CLHF
 ICF/DD
 ICF/DD-H or N or CN
 MHRC/STP
 Alzheimers

Estimated date facility will open: _____

*** If this company owns, operates, manages or controls any additional "under construction" facilities eligible for membership, CAHF's Bylaws require that a separate application be submitted for each facility. Feel free to make copies of this form as needed. (\$200 dues covers all facilities under construction, so even if you have more than one facility, only one payment of \$200 is required).

CAHF Newsletter

Your CAHF Newsletter will be sent via e-mail to the ownership contact person listed on this form. You and your employees may also read the newsletter online after requesting a member password. To receive a member password, go to www.cahf.org and under "Links," click on "Request a Login/Password."

"Under Construction" dues are \$200 per year (renewable each January). If you join in the last quarter of a year, the January renewal fee is waived and your membership will extend through Dec. 31 of the next year. When you are finally open, you must report your total number of licensed beds to our Membership Department in order to switch to facility membership and continue your benefits. Those currently licensed and accepting residents now are not eligible for "Under Construction" and must join as a facility member. Facility membership applications are available at www.cahf.org. If you have questions, please call Bev Allen at CAHF - 800-347-5547, ext. 107.

SIGNATURE REQUIRED HERE:

Completed application (and any credit card charges) are authorized by:

Name (pls. print) _____

Title _____

Signature: _____

Date: _____

Payment Information

Check enclosed. Check # _____ Amt \$ _____

Please charge credit card (fill in information below)

Card Type: VISA MC AMEX

Card number: _____

Exp date: _____ Amt. authorized: \$ _____

ZIP code of billing address: _____

Please enclose a check for \$200.00 made payable to CAHF for your "Under Construction" dues or submit credit card info in "Payment Information" above. Many thanks and welcome to CAHF.