

# 2011 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) 446-4454

\*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 \_\_\_\_\_  
**\*Required**

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](http://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](http://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:	9 VISA      9 MC      9 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. Thank you and welcome to CAHF.