



# Arizona Health Care Association Membership Application Skilled Nursing Facility - 2024

Facility Name: \_\_\_\_\_

Facility website: \_\_\_\_\_

Administrator Name: \_\_\_\_\_

Administrator email address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ General email address: \_\_\_\_\_

State License(s) & Type Number(s): \_\_\_\_\_

Total # of Beds/Units: # SNF: \_\_\_\_\_ # AL: \_\_\_\_\_ # Independent \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Federal Medicare Provider Number: \_\_\_\_\_

Hospital Based: \_\_\_\_\_ Yes \_\_\_\_\_ No

State-Owned: \_\_\_\_\_ Yes \_\_\_\_\_ No

Type of ownership: \_\_\_\_\_ For Profit \_\_\_\_\_ Not for Profit

Locality: \_\_\_\_\_ Rural \_\_\_\_\_ Urban

**Owners Name:** \_\_\_\_\_

Representative Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Independent Owner: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Management Company Name:** \_\_\_\_\_

Representative Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

Mail this Application to:  
Arizona Health Care Association • 3003 North Central Avenue, Suite 860  
Phoenix, AZ 85012 • Phone: (602) 265-5331 • Fax: (602) 265-4401



# Arizona Health Care Association

David A. Voepel, Chief Executive Director

2023-2024 AHCA Board of Directors

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Amy Malkin, Region 2

Jeremy Bowen, Region 3

Kristen Ott, Region 3

Mason Hunter, Region 3

Doris Page, Business Affiliate Representative

## Annual Membership Dues Rates – 2024

| Membership Class Type   | Arizona Health Care Association (AHCA) | American Health Care Association (AHCA) | Annual Total             |
|---|--|---|--------------------------|
| <p><b>Skilled Nursing Facility</b><br/>Is a health care facility licensed as a nursing care institution which offers long term, extended care, transitional care and/or sub-acute care services which are subject to a program of inspection or licensure or certification or approval by one or more governmental agencies for which dues and assessments are received by AHCA and whose membership is approved by the board of directors. Facility members in good standing have voting privileges.</p>   | \$58.21 per licensed bed               | \$21.63 per licensed bed                | \$79.84 per licensed bed |
| <p><b>Assisted Living Center</b> (11+ beds) *<br/>Is a health care facility which offers long term care and/or assisted living services which are subject to a program of inspection or licensure or certification or approval by one or more governmental agencies for which dues are received by AHCA and whose membership is approved by the board of directors. Assisted living members in good standing have voting privileges.</p>  | \$13.82 per licensed bed               | \$11.03 per licensed bed                | \$24.85 per licensed bed |
| <p><b>Business Affiliate</b><br/>Is any person, company or organization who provides products or services to long term care facilities that is not an operator of any type of long term care facility and who is not currently affiliated with anyone eligible for voting membership or another category of membership. Dues are received by AHCA and membership is approved by the board of directors. A business affiliate member will designate an individual as a representative. Business affiliate members will be represented on the board by the business affiliate representative who will be elected by the business affiliate members in good standing by ballot and will be a voting member of the board.</p> | \$699.00                               | None                                    | \$699.00                 |

[\* \$ 500 minimum annual dues]

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