



Mississippi Health Care Association
Membership Application

Facility Name: _____

Administrator: _____ Email: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address if different from Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Type of Facility: _____ Proprietary _____ Non- Proprietary

State License(s) & Type Number(s): _____

Total # of Beds/Units: #SNF _____ #AL _____

Signature: _____ Title: _____

Owners Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

Management Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

Date: _____ Referred by: _____

Do Not Write Below this line

MHCA Board Action _____ Date: _____



Mississippi Health Care Association Membership Application

I HEREBY APPLY, on behalf of the names nursing facility, residential care facility, personal care home, assisted living facility, or sub-acute facility, for membership in the Mississippi Health Care Association and the American Health Care Association.

I understand that as an applicant, if my membership application is accepted, that my facility will conform to the Codes of Ethics of both Associations, and their respective Constitutions and Bylaws.

The information supplied is accurate to the best of my knowledge and belief. I hereby authorize the Mississippi Health Care Association to make such inquiries, as it may deem appropriate and desirable, to verify the qualifications of the applicant facility for membership therein.

Signature: _____ Date: _____

ANNUAL MEMBERSHIP DUES RATES - 2020

| Nursing Home Membership | MHCA Dues | AHCA Dues | Annual Total |
|---|---|--|------------------------|
| | \$44.04 per bed (Minimum \$100 per facility) | \$20.60 per bed (\$200 minimum per facility) | \$64.65 per bed |
| <i>2020 Dues: \$2.00 per bed may be deducted from MHCA dues if facility has been a member of the MHCA Self Insurer's Fund in the year ending December 2019</i> | | | |
| | | | |
| Assisted Living/ Personal Care Membership | MHCA Dues | AHCA Dues | Annual Total |
| | \$ 15.95 per bed (Minimum \$100 per facility) | \$10.50 per bed (\$200 minimum per facility) | \$26.45 per bed |
| <i>2020 Dues: \$1.00 per bed may be deducted from MHCA dues if facility has been a member of the MHCA Self Insurer's Fund in the year ending December 2019.</i> | | | |

Mailing Instructions:

Please mail the application to:
 Mississippi Health Care Association
 Attention: Dina Russell
 303 Brame Road
 Ridgeland, MS 39157

Email: dina@mshca.com
Fax: 601-898-8341