



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 - 2024

Nursing Home Membership	MHCA Dues	AHCA Dues	Annual Total
	\$44.05 per bed (Minimum \$100 per facility)	\$21.80 per bed (\$200 minimum per facility)	<b>\$65.85 per bed</b>
<i>2024 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 2024.</i>			
Assisted Living/ Personal Care Membership	MHCA Dues	AHCA Dues	Annual Total
	\$ 15.95 per bed (Minimum \$100 per facility)	\$11.12 per bed (\$200 minimum per facility)	<b>\$27.07 per bed</b>
<i>2024 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 2024</i>			

***With what other nursing facilities, residential care facilities, personal care homes, assisted living facilities, or sub-acute facilities in Mississippi are you related to, either through common ownership, common management, or otherwise (use additional sheets, if necessary):***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please mail the application to:**  
 Mississippi Health Care Association  
 303 Brame Road  
 Ridgeland, MS 39157  
 or  
 Email: [businessoffice@mshca.com](mailto:businessoffice@mshca.com)