



ASSOCIATE MEMBERSHIP

The Health Facilities Association of Maryland

A respected industry leader in long-term health care since 1948.

The Health Facilities Association of Maryland and Maryland Center for Assisted Living (HFAM/ MCAL) is a state organization dedicated to lead, promote and represent long-term health care providers and affiliate organizations so they can deliver quality health care services with integrity and economic viability in a dignified and secure environment.

HFAM/MCAL provider members are licensed nursing, assisted living and sub-acute facilities, which represent both individual and multi-facility operations of both proprietary and nonproprietary ownership. These members provide a range of services including hospice, post-acute, rehabilitation and home health services and account for more than 20,000 health care beds in Maryland.

HFAM/MCAL offers members resident-centered programs, such as continuing education, and direct services in the areas of administration, patient care, life/safety standards, community relations, legal and legislative affairs, regulatory compliance, finance, and data analysis.

What is Associate Membership?

HFAM/MCAL created the associate membership for companies or individuals that supply products or services to health care facilities or have a professional interest in long-term health care. Associate members are recognized as leaders in their field, authorities on their products and services, and partners in the health care delivery system.

Associate members benefit HFAM/MCAL in many ways. Their dues help support HFAM/MCAL's programs and services, and their expertise and experience help member providers make informed decisions. In return, associate members receive numerous benefits, including access to the best customers and the latest information on laws and regulations affecting the long-term health care profession, as well as recognition as leading suppliers of products or services to the health care industry.

Additionally, becoming an HFAM/MCAL associate member means that you recognize the value and impact of the long-term care market on your business, and that you are willing to take further steps to show your commitment to clients and customers.

Who are Associate Members?

Associate members make up a large part of HFAM's membership. They provide products and services in:

- Accounting and financial
- Bathing and personal hygiene
- Clinical management
- Computer hardware and software
- Dental
- Dietary
- Housekeeping and laundry
- Interior design
- Laboratory
- Legal and professional insurances
- Medical and surgical
- Pest control
- Pharmaceutical
- X-rays and testing
- Rehabilitation

ASSOCIATE MEMBER APPLICATION



Mail application and first year's dues to:
Health Facilities Association of Maryland
8825 Stanford Blvd., Ste. 206, Columbia, MD 21045

Annual Dues: \$1,500 for a 12-month membership. Make checks payable to HFAM.

Associate Membership Understanding

1. Associate members are persons or organizations, which supply products or services to long-term care facilities or have a business or professional interest in the profession. Associate membership is not available to those eligible for facility-based membership, or the entities that manage nursing facilities or other health care operations, unless the related nursing facilities or other health care operations apply for membership or are currently members of HFAM.
2. Initial application must be approved by the HFAM board of directors, according to standards and procedures established by the board.
3. Associate membership dues are established by the board of directors and must be renewed each year. Nonpayment of dues will result in suspension of associate member benefits. Dues are not refundable.
4. All applications must be accompanied by a check for the full amount of associate membership dues. Applicants also should include an outline of their company or professional services and, if available, copies of brochures and/or annual report.
5. The HFAM board of directors reserves the right to approve or disapprove all applications based on an applicant's appropriateness or interest in the long-term health care field.

COMPANY INFORMATION

Company/Individual Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

What types of goods/services does your organization provide? _____

Is your company a member of another health care association/organization(s)? YES or NO

If yes, what association/organization(s)? _____

Does your company own or manage any nursing facility or other associate company? YES or NO

If yes, what facilities? _____

I/we hereby make application for associate membership in the Health Facilities Association of Maryland and agree, if accepted, to abide by the constitution and bylaws, support the association's goals and objectives, and pay the established dues in a timely manner.

PRINT NAME

SIGNATURE

DATE