



Questions?

Contact Miranda Gross at Mirranda@ndltca.org
1900 North 11th Street, Bismarck, ND 58501
Phone: 701-354-9775 - Web:www.ndltca.org

The North Dakota Long Term Care Association (NDLTCA) is a non-profit trade association representing long term care facilities in North Dakota. There are currently 160+ members representing nursing facilities, basic care and assisted living.

NDLTCA strives to enhance the quality of care its member facilities provide to North Dakota's elderly and disable citizens. NDLTCA works closely with state and federal government agencies, along with other professional associations, in its efforts to provide proven standards of care, as well as developing and implementing sound legislation and regulatory policies. NDLTCA is an affiliate of the American Health Care Association (AHCA). AHCA, located in Washington, DC, is the largest organization of long term care facilities in the nation.

NDLTCA is dedicated to representing the best interest of residents living in long term care facilities. We will continue to serve our members in order to maintain the highest quality of life for the elderly and disabled.

Mission Statement

We are a professional association of Long term care and community service providers who enhance the lives of people we serve through collaboration, education, and advocacy.

Vision Statement

The North Dakota Long Term Care Association is recognized as an innovative leader in the continuum of care which has a positive impact on the quality of life of those we serve.

ASSOCIATE MEMBERSHIP PROGRAMS

Regular Associate Membership

There is no better way to establish business relationships with long term care facilities than by supporting their own trade association! NDLTCA encourages its members to utilize those companies supporting their industry. . . NDLTCA Associate Members!

- Company listing on NDLTCA's web site. If you have a web site or e-mail address, you will also be linked from our web site.
- Member rates at Annual Convention and Trade Show, which is up to 1/2 of the cost of non-member rates.
- You are invited to participate on any NDLTCA committees.

Expanded Associate Membership

The Expanded Associate Membership includes all of the benefits of a Regular Associate Membership plus a copy of the NDLTCA Membership mailings that are electronically distributed. These mailings contain information on long term care issues specific to North Dakota and during the legislative sessions, a mailing is posted once a week with extensive updates.

Individual Associate Membership

An individual may apply for an Individual Associate Membership if:

- You are not currently employed by a member facility of NDLTCA
- You are not currently employed by a facility that meets the requirements of being a due paying member of NDLTCA, but chooses not to be a member
- Businesses are NOT eligible for an Individual Associate Membership



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ASSOCIATE MEMBERSHIP PROGRAMS

Please check one: Regular (\$375 per year) Expanded (\$700 per year) Individual (\$150 per year)

Please fill out the following information. This will be displayed on the NDLTCA Website. If this information is different for billing purposes please notify Miranda Gross at Mirranda@ndltca.org.

Contact Person (please print) : _____

Company/Individual Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Website: _____

Please describe your products and services: (Feel free to email your description to Mirranda@ndltca.org)

Signature: _____

Please select an appropriate category:

- | | | |
|---|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Food Supplies | <input type="checkbox"/> LTC Corporate |
| <input type="checkbox"/> Advertising/Promotional/Printing | <input type="checkbox"/> Furniture & Flooring | <input type="checkbox"/> Medical/Residential Center |
| <input type="checkbox"/> Architectural | <input type="checkbox"/> Group Purchasing | <input type="checkbox"/> Pharmacy/Pharmaceutical |
| <input type="checkbox"/> Associations | <input type="checkbox"/> Hospice | <input type="checkbox"/> Security/Monitoring/Nurse Call |
| <input type="checkbox"/> Computers/Software | <input type="checkbox"/> Hotels | <input type="checkbox"/> Supplies & Equipment |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Insurance Services | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Consultants | <input type="checkbox"/> Janitorial Services | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Education | <input type="checkbox"/> Legal Services | |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Licensed Professionals | |

For Office Use Only

Date Received _____
 Invoice # _____

Date Paid _____
 Website _____

Format of Payment _____
 Excel _____