

2026 MEMBERSHIP AGREEMENT

To Ensure Accuracy in Billing and Website Information, please EMAIL completed form to stacy@ndltca.org

Facility:		NDLTCA Region:		County:	
Address:		City:		Zip:	
Phone:		Cell:		Home:	
Admin/Dir/Mgr:		Email:			
Office Manager:		Email:			
DON/NC:		Email:			
SW/SS:		Email:			
Emergency Preparedness:		Email:			
Contact Name:		Cellphone and/or Office #			
Web Site:		Profit or Not for Profit			
Services to list in Directory:	SEE CURRENT Information on website https://ndltca.org/membership-facilities/ -Confirm or Update				
Corporate Office:		Contact:			
Address:		City, Zip:			
Corp Phone:		Fax:		Cell:	
Web Site:		Email:			

DUE'S PAYMENT PLAN-PLEASE CHECK OPTION & PAYMENT METHOD

NDLTCA Staff will send you proper documentation for these payment methods.

- ☐ Dues Paid in full; **due January 31st**
☐ Dues Paid Semi-Annual; **due on the 30th of January and June.**
☐ Dues Paid Quarterly, **due on the 10th of January, April, July, and October**
☐ Dues Paid Monthly, **due on 10th of every month**

→Invoices will be emailed to you, unless otherwise noted – Mailed ☐ Yes

→Accounts Payable Person _____
 Email _____

NUMBER OF BEDS / UNITS BASED ON ND DEPT OF HEALTH / HUMAN SERVICES RECORDS

Licensed Nursing Facility beds # _____
 Licensed Basic Care beds # _____
 Licensed Assisted Living units # _____
YOUR TOTAL NUMBER OF BEDS/UNITS # _____

Please fill out the information portion of this agreement, sign at the bottom, and return to NDLTCA. Signing indicates that you agree to pay all membership dues applicable to your facility based on the total number of your licensed beds for calendar year 2026 in accordance with the due's payment plan selected above.

2026 Membership dues are based on the total number of facility licensed beds.

Due's payments, contributions, or gifts to NDLTCA are not tax deductible as charitable contributions for federal income tax purposes. Please be advised, that per section 6033(e) of the Internal Revenue Code (Code), a certain percentage of your dues will be spent on lobbying and other expenditures subject to Section 162(e)(1) of the Code and therefore is not deductible for federal income tax purposes. This percentage will be made available to you at a later date.

I understand that by providing my mailing address, e-mail address and telephone number, I consent to receive communications sent by or on behalf of the North Dakota Long Term Care Association, and its respective subsidiaries and affiliates, via mail, e-mail, or telephone.

 AUTHORIZED SIGNATURE TITLE DATE

 PRINT AUTHORIZED SIGNATURE