



2026 Home Care, Home Health,
Hospice Agencies
MEMBERSHIP AGREEMENT



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

Agency Name:	NDLTCA Region(s):		County:	
Address:	City:	Zip:		
Phone:	Cell:	Home:		
Admin/Dir/Mgr:	Email:			
Office Manager:	Email:			
DON:	Email:			
Emergency Preparedness:	Email:			
Contact Name:	Cellphone and/or Office #			
Web Site:	Profit or Not for Profit			
Services to list in Directory:	<input type="checkbox"/> Home Care <input type="checkbox"/> Home Health <input type="checkbox"/> Hospice <input type="checkbox"/> CMS Certified			
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 _____

Your 2026 dues are based on the previous year's total income before expenses

<u>Agency Annual Revenue</u>	<u>Annual Dues</u>
Under \$499,000	\$725
\$500,000 – \$1.49 million	\$1,000
\$1.5 million - \$2.99 million	\$1,500
\$3 million - \$4.99 million	\$2,000
\$5 million - \$9.99 million	\$3,500
\$10 million and up	\$5,000

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 revenue for calendar year 2025 in accordance with the due's payment plan selected above

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		