



2026 Individual Home Service Providers MEMBERSHIP AGREEMENT



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

Individual Provider:		NDLTCA Region:		County:	
Address:		City:		Zip:	
Phone:		Cell:		Home:	
Admin/Dir/Mgr:		Email:			

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

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

____ Dues \$200 - Paid in full; due January 31st

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.

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		