

Health Care Association of Michigan - Assisted Living Membership Application

Community Information

Community Name _____

Address _____

City/State/Zip Code _____

County _____

Director _____

E-mail _____

Phone _____

Fax _____

Website _____

Number of Units

Licensed HFA Beds _____

Licensed AFC Beds _____

Other Beds _____

Total Beds Operating _____

Membership is available to a community that provides assisted living services, either licensed or non-licensed. Dues are based upon a cost of \$0.12 per unit, per day (\$43.90 annually.)

Membership with HCAM includes membership with the National Center for Assisted Living (NCAL.)

Corporate Information

Corporation/Owner Name _____

Address _____

City/State/Zip Code _____

President/CEO _____

E-mail _____

Phone _____

Fax _____

Terms of Membership

The community agrees to abide by the rules/mission/bylaws/constitution of the Association. Membership will continue until said membership is cancelled, in writing, either by the community or HCAM. By signing this application, the applicant agrees to the stated terms and conditions.

Signature _____

Date _____

HCAM ● 7413 Westshire Drive, Lansing MI 48917
or electronically to: jennypost@hcam.org ● Fax 517-627-3016