



ANNUAL MEMBERSHIP DUES
MEMBERSHIP APPLICATION

Yearly membership dues for the **Green Country Healthcare Association....\$150.00**. Please make your \$150.00 check payable to **TULSA METRO HEALTH CARE ASSOCIATION** and mail check with this completed membership application form to:

Green Country Healthcare Association
601 East Yuma Drive
Broken Arrow, OK 74011
E-MAIL: sandyrc1@cox.net
WEBSITE: www.greencountrycaresforseniors.com

Complete all information below. To be listed in the directory, the dues must be received by Nov. 15th. Information will be printed as submitted in the annual GCHA membership directory.

PLEASE TYPE OR PRINT WITH BLACK INK

ACTIVE / ASSOCIATE MEMBER **(please circle one)** _____

ADMINISTRATOR: _____

ADDRESS: _____ CITY: _____

COUNTY: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

WEBSITE: _____

CONTACT PERSON: _____

E-MAIL ADDRESS _____

NUMBER OF BEDS: _____

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TYPES OF SERVICES OFFERED BY THE FACILITY; (Circle all that apply to your facility)

- | | |
|-------------------------------|------------------------------------|
| 1) SKILLED/REHAB FACILITY | 9) RESPITE CARE |
| 2) DEVELOPMENTALLY CHALLENGED | 10) VETERAN APPROVED CONTRACT |
| 3) ALZHEIMER'S/DEMENTIA UNIT | 11) PRIVATE PAY |
| 4) ASSISTED LIVING | 12) MEDICARE CERTIFIED |
| 5) INDEPENDENT LIVING | 13) MEDICAID CERTIFIED |
| 6) SUB-ACUTE | 14) INSURANCE |
| 7) VENTILATOR | 15) INSIDE DESIGNATED SMOKING AREA |
| 8) RESIDENTIAL | 16) SMOKE FREE |

THANK YOU FOR YOUR PROMPT REPLY!

REMEMBER TO MAKE YOUR CHECK PAYABLE TO **TULSA METRO HEALTH CARE ASSOCIATION**