The Center for Developmental Disabilities Advocacy and Community Supports

Benefits of The Center/ IHCA Membership

- One year Associate membership
- Convention & Expo benefits:
  - One Standard exhibit booth with carpeting
  - Pre-event list of registered delegates
  - Business card drop box
  - Program book listing
- Electronic newsletters and other publications from the Association
- Seminar registration at member rate
- Reduced advertising rates in the Convention & Expo program book
- Networking opportunities at IHCA/ The Center regional meetings

Philosophy and Code of Ethics of The Center

- A basic human right is to have accessible quality health care.
- Full members will provide care that will meet the physiological, psychological, environmental, and spiritual needs of each resident in licensed or certified facilities or programs.
- Full members will provide qualified staff in sufficient numbers to perform competent services to meet residents' needs.
- Members will be fair and honest in all their transactions.
- Members are encouraged to engage in research and education, which will be done with the assurance that the interest and dignity of each individual is preserved and the conduct of the program is of professional quality.
- Members are encouraged to attend and participate in all appropriate Association meetings and activities.
- Members will clearly delineate their policies and will receive and act upon complaints and suggestions, utilizing established procedures of the state and national associations and related community resources.
- Members will be an integral part of the community's health program.

FOR ASSOCIATION USE

Date Rec'd _____

Fee _____

Check # _____

Membership Exp. _____

Region # _____

2020 The Center Associate/Affiliate Membership Application

(please type or print clearly)

Applicant (Company Name) _____ House District # _____

Address _____ Senate District # _____

City _____ Congressional District # _____

State _____ Zip _____ County _____

Phone ( ) _____ Fax ( ) _____

Email _____ Website _____

Contact Name _____ Title _____

Product/Service Categories

Please indicate two (2) product/service categories under which your company wishes to be listed in the "Associate Members by Product Category" section of the IHCA Membership Directory and Buyers' Guide. If you wish to be listed under additional categories, include $25 per additional category. Your company will automatically be included in the alphabetical listing.

- ❑ Accounting/Financial Consulting Services
- ❑ Activity Products
- ❑ Alarm/Emergency Response Systems
- ❑ Architecture/Design/Construction Services
- ❑ Bathing/Patient Lift Systems
- ❑ Billing Services
- ❑ Charting/Medication Distribution Systems
- ❑ Cleaning/Housekeeping Services and Products
- ❑ Clothing/Textiles/Linens
- ❑ Communications
- ❑ Computer Hardware/Software and Technology
- ❑ Continuum of Care Providers/Consultants
- ❑ Dental Supplies/Services
- ❑ Dialysis Products/Services
- ❑ Dietary Consulting and Management Services
- ❑ Education/Training Programs and Services
- ❑ Employment/Recruiting/Labor Relations/Staffing
- ❑ Energy Services
- ❑ Environmental Equipment/Services
- ❑ Fingerprinting/Background Checks
- ❑ Floor Coverings/Surfaces
- ❑ Food Products/Equipment/Services
- ❑ Furniture/Room Furnishings
- ❑ Group Purchasing
- ❑ Hospice Services
- ❑ Incontinence/Skin Care Products and Services
- ❑ Infection Control
- ❑ Insurance and Risk Management Services
- ❑ Internet Products/Services
- ❑ IV Therapy Products/Services
- ❑ Laboratory Services
- ❑ Laundry Equipment/Services/Supplies
- ❑ Leasing Equipment
- ❑ Legal Services
- ❑ Management and Consulting Services
- ❑ Marketing Services and Products
- ❑ Medical Equipment/Supplies
- ❑ Medical Waste Disposal
- ❑ Miscellaneous _____ *(please specify)*
- ❑ Mobile Diagnostic Services
- ❑ Optometric/Vision Services
- ❑ Payroll/Human Resource Systems
- ❑ Pharmaceutical Supplies/Services
- ❑ Podiatry Products/Services
- ❑ Printing/Publications
- ❑ Professional and Medical Services
- ❑ Professional/Trade Association and Organizations
- ❑ Respiratory Therapy Products/Services
- ❑ Safety Equipment/Services
- ❑ Therapy Services
- ❑ Transportation Vehicles/Services
- ❑ Wound Care/Management

Payment Information

Membership Fee..... = **$ 1,500**

Fee for additional categories indicated above..... = $ _____

Total Due ..... = $ _____

Application Process

- Annual fee of $1,500 must accompany application in full.
- Mail signed application and check payable to the Illinois Health Care Association at the address below.
- Membership becomes effective upon approval by the IHCA Board of Directors and is automatically renewed unless either party terminates.

Facility Application

Please be advised that, per section 6033(e) of the Internal Revenue Code, The Center reasonably estimates that 27.48% of your 2020 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.

Undersigned agrees that The Center, The Center-PAC, the Illinois Health Care Associaton, IHCA PAC, the Long Term Care Nurses Association (LTCNA), and the John W. Maitland, Jr./Joseph F. Warner Long Term Care Nurses Scholarship Fund may send fax and email to the numbers/ addresses indicated on this application.

I represent that if I am not the owner or licensee of the facility or program for which application for membership is made, I have the authority to, and by signing this application, intend to legally bind the facility or program. I hereby agree to pay dues assessed by The Center/ Illinois Health Care Association and further agree to uphold the Code of Ethics of said Assocations. If membership is canceled, the Associations must be given 30 days advance written notification. I further agree that if the Associations take legal action to collect unpaid dues, venue will be in Sangamon County, Illinois, and I will pay the costs of collection incurred by the Associations including reasonable attorneys' fees.

_____

Signature **Date**

The Center | 1029 South Fourth Street | Springfield, IL 62703-2224
800-252-8988 | 217-528-6455 | Fax 217-528-0452 | www.cddacs.org | mrucker@cddacs.org

(Revised 2/2020)