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## 2012 KHCA/kcal SALES ASSOCIATE MEMBERSHIP APPLICATION

In submitting my application for associate membership to KHCA/Kcal, I acknowledge that:

- ◆ The associate member's fee is \$450 per calendar year.
- ◆ I have full membership privileges, with the exception of voting.
- ◆ I am welcome to attend all meetings, educational programs, and annual convention.
- ◆ I will pay membership rates and fees where charges prevail.
- ◆ I declare that I am not presently an employee of a nonmember facility.
- ◆ I understand that should I become an administrator, or should I become an employee with a nonmember facility, my associate membership will terminate.
- ◆ I will have access to the KHCA/Kcal Members Only Website, enabling access to membership rosters and information.
- ◆ I further declare that I subscribe to the objectives of KHCA/Kcal as stated in Article III of its constitution:  
**"It shall be the policy of the association in all of its endeavors to establish and maintain the highest professional and ethical standards as related to the care provided in, and the operations of, licensed health care facilities."**

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Company

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Mailing Address

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City, State, Zip

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Phone Number

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Fax Number

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E-Mail Address

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Website

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Products or Services Offered

Total Due: \$450.00    Payment: Check Enclosed \_\_\_\_ Visa \_\_\_\_ MC \_\_\_\_ Card # \_\_\_\_\_

Exp Date \_\_\_\_\_

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Signature of Applicant

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Date

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Print Name

Please return form to: Kansas Health Care Association/Kansas Center for Assisted Living  
 117 SW 6<sup>th</sup> Avenue, Suite 200  
 Topeka Kansas 66603