

Choose the Appropriate Membership Category

The N. H. Association of Residential Care Homes maintains several different membership opportunities. Please choose the appropriate category for you and/or your organization:

ACTIVE MEMBER: Limited to facilities engaged in the business of residential care/assisted living within NH. The designated contact person will receive all Association mailings and will be eligible to serve on the Association's board of directors. All staff of a member facility attend educational sessions at the member rate.

Dues.....Facility bed capacity _____ X \$18/bed = \$ _____
(Maximum payment of \$1,500)

(Note: Facilities whose dues payments are in excess of \$500 are eligible for a second voting member to also receive a copy of mailings made by the Association and qualify for membership on the Association's board of directors. If your organization is entitled to an additional mailing, please designate their name and address on your application.)

ASSOCIATE MEMBER: Limited to individuals who are supporters of the residential care/assisted living industry within New Hampshire who are interested in receiving information provided by NHARCH and who would like to attend educational seminars. Appropriate individuals for associate memberships are social workers, nurses, physicians, home health providers, etc. Associate membership is not appropriate for facilities, facility owners or administrators, vendors or anyone soliciting business.

Dues.....\$100

PROSPECTIVE MEMBER: Limited exclusively to facilities in the development process who have an interest in joining NHARCH as an active member when the facility is completed and/or licensed by the State of New Hampshire. Prospective members receive full benefits of membership. The dues fee will be prorated towards active membership when the facility is completed and/or licensed.

Dues.....\$100

INDUSTRY PARTNER MEMBER: Open to organizations and individuals providing services and supplies to residential care/assisted living facilities such as pharmacies, medical supply companies, private consultants, anyone soliciting business, etc.

Dues.....\$500

(Annual dues include a one year membership, all NHARCH membership mailings, linkable logo on our website for a year, an exhibit booth at our annual convention, and a brief introduction at the annual convention.)

Application for Membership

Please complete the appropriate section and return it with the corresponding dues payment to: New Hampshire Association of Residential Care Homes, 17 Depot Street, Suite 3, Concord, NH 03301. Please make check payable to NHARCH.

NAME (Facility, Organization, Individual, Vendor)

Date: _____

Primary Member Contact/Title _____

Mailing Address _____

Phone _____ Fax _____ E-Mail _____

Secondary Member Contact/Title _____

Mailing Address _____

Phone _____ Fax _____ E-Mail _____

MEMBERSHIP CATEGORY

☐ Active Member (see below for proration)

Bed capacity number _____ x \$18/bed =
\$_____. (Maximum of \$1,500)

Please mark all that apply:

_____ 804 _____ 805 _____ CFI (medicaid waiver) _____ Respite _____ Alzheimer/Dementia

NOTE: Regardless of the number of beds, the maximum payment is \$1,500.00.

If dues are more than \$500, an additional person qualifies to receive mailings, etc.

Additional mailing to (name & title) _____

Additional mailing address _____

Additional representative's phone, fax & e-mail _____

☐ Prospective Member (anticipated # of beds _____).....\$100

☐ Associate Member.....\$100

☐ Industry Partner Member.....\$500

Type of business/service provided _____

Does your facility/organization/agency have the availability of a conference/meeting room that could be used for educational services? (check one) YES NO

If YES, please designate the room capacity _____.

POLICY ON PRORATION OF DUES FOR NEW ACTIVE MEMBERS

Dues for new active membership in the N. H. Association of Residential Care Homes are for a calendar year.

(NOTE: Proration is not applicable for prospective, associate or industry partner memberships.)

If joining as an active member:

January 1 to March 31
April 1 to June 30 July 1 to
September 30 October 1
to December 31

Payment Required:

Full annual dues
Three quarters of the annual dues
Half of the annual dues
Full annual dues, but membership extended through the next full year,
receiving up to 3 months of free membership