2012 MEMBERSHIP APPLICATION

The Academy of Senior Health Sciences Inc.
Founded 2010

The Academy of Senior Health Sciences, Inc.

17 S. High St., Suite 770• Columbus, OH 43215
614/461-1922 • 800/999-6264 • fax: 614/461-0434

Facility Information

Name of Facility _____

Address _____ City/State/Zip _____

Phone Number _____ Fax Number _____

NPI Number _____ County _____

Main Email _____ Website _____

Contact Information

All ASHS members receive important member updates via email, such as: *The Academy Weekly* newsletter, legal information, regulatory and legislative information, and education program/CEU registration information.
Please list all names, titles and emails of individuals who would like to receive these important member updates.

Administrator _____ Email _____

DON _____ Email _____

Name/Title _____ Email _____

Name/Title _____ Email _____

Corporate/Owner Information

Corporate/Owner Name _____ Website _____

Address _____ City/State/Zip _____

Phone Number _____ Fax Number _____

President/CEO _____ Main Email _____

Other Affiliated Health Care Facilities _____

Annual Dues/Bed Count

SNF & ICF/MR Beds: Number of Beds _____ X $41 per bed = $ _____

RCF Beds: Number of Beds _____ X $9 per bed = $ _____

Payment

☐ Credit Card ☐ Check # _____ ☐ Money Order

Cardholder's Name _____ Card Number _____

Expiration Date _____ Signature _____

Billing Address _____

Please complete and remit to: **Mail:** 17 S. High St., Suite 770• Columbus, OH 43215
Fax: 614/461-0434
Email: vgresh@seniorhealthsciences.org

Terms of Membership

ASHS membership continues until either the member or ASHS terminates it in writing. The applicant agrees to membership dues in the amount noted above, according to the facility's total bed count. Annual dues are payable in full upon enrollment and **no refund of dues payment will be issued.** By signing this application you are agreeing to the terms set forth herein.

Authorized Signature _____ Date _____

Referral

If an Academy member referred you, please indicate the name of the facility/company.

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