



ILLINOIS NURSING HOME ADMINISTRATOR'S ASSOCIATION  
New / Renewal Membership Application  
January 1 – December 31, 2022

Administrators and Nurses can obtain quality professional education at a great value – \$125 annual membership fee that is due by January 31, 2022. You will receive information on upcoming educational events, the Administrator's Advocate monthly newsletter, and will have the opportunity to network with some of the friendliest and most dedicated professionals in the field. If the administrator of the facility is an INHAA member, additional staff from the same facility can attend the INHAA conferences at the member rate **providing the administrator includes each staff member on his/her registration form. All must register on the same form to receive this discount. It is important to complete the information below, so that we have updated records for each member. Please send this completed form along with your payment for INHAA Membership 2022. INHAA FEIN #37-1219674.**

**PLEASE PRINT (Please include preferred E-mail address for INHAA newsletter and updates)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Administrator License #: \_\_\_\_\_ Nurse License #: \_\_\_\_\_

**Check:** \_\_\_\_\_ **Credit Card:** \_\_\_\_\_ Visa \_\_\_\_\_ Master Card only – (NO AMEX)

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Cardholder Address: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please send completed form with check payable to INHAA, or credit card information to PO Box 272, Rochester, IL 62563; email [vwiltsie@inhee.org](mailto:vwiltsie@inhee.org), or fax to: 708-248-8078. Thank you for your support of INHAA!**

**Check all that apply:**

**Primary Position/Status**

\_\_\_\_ Administrator  
\_\_\_\_ Nurse  
\_\_\_\_ Consultant/Vendor (describe)  
\_\_\_\_ Working in another capacity (describe)  
\_\_\_\_ Active    \_\_\_\_ Supported Living    \_\_\_\_ Retired    \_\_\_\_ Other

**Facility Type**

\_\_\_\_ SNF  
\_\_\_\_ ICF/DD  
\_\_\_\_ Assisted Living  
\_\_\_\_ Assisted Living/Memory Care

Are you interested in being a presenter for an educational session/seminar?

\_\_\_\_ Yes    \_\_\_\_ No

If yes, please identify the topic and attach a brief description, along with your resume.