



**ILLINOIS NURSING HOME ADMINISTRATOR'S ASSOCIATION New / Renewal
Membership Application January 1 – December 31, 2023**

Administrators and Nurses can obtain quality professional education at a great value – \$125 annual membership fee that is due by January 31, 2023. 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. RENEWAL AVAILABLE ONLINE AT WWW.INHAA.ORG** OR send this completed form along with your payment for INHAA Membership 2023. It is important to complete the information below, so that we have updated records for each member. 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: _____

Renew online at www.inhaa.org or send completed form with check payable to INHAA, or credit card information to PO Box 272, Rochester, IL 62563; email vwiltsie@inhaa.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.