# GHCA ASSOCIATE MEMBERSHIP & BUSINESS PARTNER INFORMATION

The Georgia Health Care Association (GHCA) has represented long term care providers in the state for over sixty years and currently serves skilled nursing centers, assisted living communities, and SOURCE agencies. GHCA is proud to also represent a growing base of companies that share a genuine interest with GHCA in furthering the quality of long term and post-acute care and the success of the profession. GHCA Associate Members support programs and services that bring improvements to long term care and help to create strategies to address a variety of issues affecting the profession including revised policies and regulations, staffing shortages, Medicare and Medicaid funding, tort reform and quality advancement.

### MEMBERSHIP LEVELS

CHAMPION \$32,000 Annual Commitment Includes Choice Membership

GOLD \$22,000 Annual Commitment Includes Choice Membership

> CHOICE ASSOCIATE \$1,500 Dues

SILVER \$15,000 Annual Commitment Includes Choice Membership

> ASSOCIATE \$750 Dues

OPTIONAL ADVERTISEMENT PACKAGE ADD ON FOR CHOICE ASSOCIATES \$2,500

If none of the above membership packages fully meets your needs, we are happy to work with you to develop your own customized package of services and benefits.

CONTACT US AT 678.289.6555 OR INFO@GHCA.INFO TO LEARN MORE!





BRONZE \$9,000 Annual Commitment Includes Choice Membership

## **Membership Benefits**

EVENTS/EDUCATION	CHAMPION	GOLD	SILVER	BRONZE	CHOICE	ASSOCIATE
Sponsorship Recognition (for all 3 Conventions)	Champion Recognition	Gold Recognition	Silver Recognition	Bronze Recognition	Sponsorship Opportunities	
Exhibit/booth space (all 3 conventions						
Speaking opportunities (conventions/board meetings)	$\square$					
Recognition in education promotional materials and registration	Top Placement	Preferred Placement	Preferred Placement	Preferred Placement		
ADVERTISEMENT PACKAGE	Champion	Gold	Silver	Bronze	Choice	
Listing GHCA Membership Directory	Designation (logo & company description)	Designation (company description)	Designation	Designation	Designation	
Year-Round Recognition on GHCA's Partner Webpage	$\subseteq$				Option to Purchase Ad Package	
One Promotional Article Placement in the GHCA/GCAL Weekly Newsfront	$\subseteq$	$\subseteq$	$\subseteq$		Option to Purchase Ad Package	
Advertisement Tile in GHCA/GCAL Weekly Newsfront	Top Placement & Year-Round	Year-Round	Year-Round	3 Issues During Annual membership	Option to Purchase Ad Package	
<u>OTHER</u>				memberemp		
Opportunities to Vote and Elect GHCA Choice Associate Board Representative	$\triangle$	<b>Y</b>			$\square$	
Opportunities to Serve on GHCA Committees and Task Forces			$\subseteq$			
Education Designed Specifically for Associate Members						$\subseteq$
Networking opportunities	$\subseteq$	$\subseteq$	$\subseteq$			
Members Only Resources on the GHCA Website		$\subseteq$			$\subseteq$	$\subseteq$
Latest Long Term Care News and Updates	$\subseteq$				$\subseteq$	
Complete Membership Electronic Mailing List for your Business Marketing Needs	$\subseteq$	Ý				$\subseteq$

#### **Associate Member Application**

#### **CONTACT INFORMATION:** Email Address: Company Name: \_\_\_\_\_ Facebook Page: Company Address: \_\_\_\_\_ Twitter Page: \_\_\_\_\_ City, State, Zip: Description of your Company's products or services: (Attach additional page if necessary.) Phone: \_\_\_\_\_ Website: Contact Person & Title: \_\_\_\_\_ Please email your company logo to dbarill@ghca.info following submission of your application. **MEMBERSHIP LEVEL:** ☐ Champion - \$32,000 (Includes Choice ☐ Choice Associate - \$1,500 Membership) Associate - \$750 ☐ Gold - \$22,000 (Includes Choice Membership) ☐ Optional Advertisement Package Add On for ☐ Silver - \$15,000 (Includes Choice Membership) Choice Associates - \$2,500 Bronze - \$9,000 (Includes Choice Membership) **ADDITIONAL CONTACT:** Contact Name: \_\_\_\_\_ Email Address: Cell Phone: Address (if different): **PAYMENT:** □ Check Exp. Date: ☐ Visa ☐ MasterCard Billing Address: \_\_\_\_\_ ☐ American Express City, State, Zip: \_\_\_\_\_\_ Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_ Email for Electronic Receipt: V-Code:

#### Please Return Form To:

Georgia Health Care Association Attn: Jonna Knight 160 Country Club Dr. Stockbridge, GA 30281

Jknight@ghca.info | Fax: (678) 289-6400





Georgia Center for Assisted Living