

2021 Family/Guardian Membership Application

Family/Guardian Membership is designed for the family members and/or guardians of persons with disabilities. **A person who is employed by or has ownership in a non-member facility or program eligible for membership as a full member is NOT eligible for Family/Guardian Membership.**

Benefits of The Center/ IHCA Membership

- Electronic newsletters and other publications from the Association
- Seminar and convention registration at member rate

Philosophy and Code of Ethics of The Center

- A basic human right is to have accessible quality health care.
- Full members will provide care that will meet the physiological, psychological, environmental, and spiritual needs of each resident in licensed or certified facilities or programs.
- Full members will provide qualified staff in sufficient numbers to perform competent services to meet residents' needs.
- Members will be fair and honest in all their transactions.
- Members are encouraged to engage in research and education, which will be done with the assurance that the interest and dignity of each individual is preserved and the conduct of the program is of professional quality.
- Members are encouraged to attend and participate in all appropriate Association meetings and activities.
- Members will clearly delineate their policies and will receive and act upon complaints and suggestions, utilizing established procedures of the state and national associations and related community resources.
- Members will be an integral part of the community's health program.

(please type or print clearly)

Name _____ House District # _____

Business Address _____ Senate District # _____

City _____ Congressional District # _____

State _____ Zip _____ County _____

Phone () _____ Fax () _____

Email _____

Occupation (if applicable) _____

Preferred Mailing Address (if different from above) _____

City _____

State _____ Zip _____ County _____

Involvement in Long Term Care _____

Individual Application

The Family/Guardian membership fee is \$50 per year. Full payment must accompany application. Mail signed application and check to IHCA at the address below. Membership becomes effective after review by Board of Directors to ascertain compliance with the Center Constitution and Bylaws and Center Policies. Membership is renewable annually.

Please be advised that, per section 6033(e) of the Internal Revenue Code, The Center reasonably estimates that 29.84% of your 2021 dues will be spent on lobbying and other expenditures subject to section 162(e)(1) of the Code and, therefore, is not deductible for federal income tax purposes.

Undersigned agrees that the Illinois Health Care Association, Illinois Health Care Association PAC (IHCA PAC), The Center for Developmental Disability Advocacy and Community Supports, the Long Term Care Nurses Association (LTCNA), and the John W. Maitland, Jr./Joseph F. Warner Long Term Care Nurses Scholarship Fund may send fax and email to the numbers/addresses indicated on this application.

FOR ASSOCIATION USE

Fee _____

Check # _____

Date Rec'd _____

Region # _____

Membership Expires _____

Board Review _____

Signature _____

Date _____

The Center | 1029 South Fourth Street | Springfield, IL 62703-2224

800-252-8988 | 217-528-6455 | Fax 217-528-0452 | www.cddacs.org | mrucker@cddacs.org