



Membership is January – December

## 2010 Business/Corporate Member Application

The Oklahoma Association of Health Care Providers represents more than 400 Nursing facilities, Assisted Living communities and Intermediate Care Facilities for the Mentally Retarded and is proud to offer a Business/Corporate Membership Program to our industry partners looking to support the long term care profession in Oklahoma.

- Business/Corporate Membership may be granted to any individual, organization, partnership, or corporation that is interested in the advancement of the objectives of this Association.
- Business/Corporate Membership conveys no voting rights and acceptance of applicants is subject to the approval of the Board of Directors. Business/Corporate members shall have the right to attend open meetings of the Association and to serve on standing committees and task forces.
- Any Business/Corporate Memberships may be revoked by a majority vote of the Board of Directors.
- Business/Corporate membership is not open to licensed health facilities or individuals employed by or having ownership interest in a non-member facility.

### **Our Business/Corporate Member program is designed to:**

1. Allow providers of goods and services the opportunity to aid their clients through support of their professional organization.
2. Provide facilities with information and services enabling them to better serve their long-term care clients.
3. Offer Business/Corporate Members promotional and advertising opportunities and the means to reach a large base of potential clients.

### **Benefits of Business/Corporate Membership**

**Facility Directory & Mailing Labels:** Due to the commitment to respect the privacy of our members, the formats where we share information electronically are through the specific event mailing list that includes registered attendees. The Senior Living Directory is provided to all Business/Corporate Members at our Annual Convention. A mailing label list of facilities is available electronically upon request for all business/corporate members.

**Preferred Vendors:** Prominently featured on OAHCP's home page and accessible to anyone visiting our site, the Preferred Vendor List is an exclusive benefit of OAHCP Membership. The guide functions as a way for you to link your detailed information on your company products and services, contact you via e-mail or link directly to your site.

**Referrals:** The Association staff, Board and Officers will regularly refer members seeking advice or services to Business/Corporate Members in good standing. Referrals are made by service category.

**Discount Rates at Convention and Fall Fair Trade Shows:** Business/Corporate members receive first consideration for placement and will receive discounts on exhibit space at the OAHCP/OKALA Convention & Trade Show, April 12-14, 2010 at the Embassy Suites Norman and our Fall Fair in Tulsa. You also receive listing in the programs with opportunities for advertisement.

**News & Information:** Membership includes inclusion in our e-mail bulletins. Business/Corporate Members are encouraged and welcome to attend our Association Board and/or Committee Meetings.

**Sponsorship Opportunities:** We are offering corporate sponsorship for our monthly OAHCP Board meeting working lunch. You can sponsor lunch and provide a presentation to the board members on your products/services and become more involved as a business/corporate member. Get involved with OAHCP Events to Elevate Your Success in LTC. OAHCP 2010 tentative Board Meeting dates are: Jan. 20<sup>th</sup>, March 24<sup>th</sup>, April 12<sup>th</sup>, May 19<sup>th</sup>, June 16<sup>th</sup>, July 21<sup>st</sup>, Sept. 20<sup>th</sup>, Oct. 20<sup>th</sup> and Nov. 17<sup>th</sup>. We also have sponsorship opportunities at our Owners' Meeting Feb. 25<sup>h</sup> at the Hard Rock Hotel & Casino - Tulsa. Contact Connie Guinn @ [ccook@oahcp.org](mailto:ccook@oahcp.org) for cost and dates available for board sponsorships. Business/Corporate members can also choose to sponsor a class/seminar throughout the year in order to connect your business with a specific audience or topic (only available to members). Our educational calendar is available on-line at [www.oahcp.org](http://www.oahcp.org).

## Business/Corporate Membership Application

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Annual Membership is January - December**

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contacts E-mail: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
(Area Code) (Area Code)

Web Site: \_\_\_\_\_

Company Description of 25 words or less for information in our Convention and Fall Fair Programs:

**E-mail description to [cmappes@oahcp.org](mailto:cmappes@oahcp.org)**

Please check the category or categories below that best describe your company's product or service.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Apparel/Footwear/Uniforms          | <input type="checkbox"/> Financial Services, including CPAs | <input type="checkbox"/> Legal Services                      |
| <input type="checkbox"/> Architects/Construction/Renovation | <input type="checkbox"/> Fire/Safety/Security Systems       | <input type="checkbox"/> Marketing                           |
| <input type="checkbox"/> Banking                            | <input type="checkbox"/> Food/Beverage/Nutrition            | <input type="checkbox"/> Paper Supplies                      |
| <input type="checkbox"/> Billing/Collections                | <input type="checkbox"/> Furniture/Interior Design          | <input type="checkbox"/> Pharmaceutical or Medical Services  |
| <input type="checkbox"/> Computers/Communication Systems    | <input type="checkbox"/> Group Purchasing                   | <input type="checkbox"/> Physician Services                  |
| <input type="checkbox"/> Consulting                         | <input type="checkbox"/> Hospice                            | <input type="checkbox"/> Real Estate                         |
| <input type="checkbox"/> Dental/Optical Services            | <input type="checkbox"/> Housekeeping/Laundry               | <input type="checkbox"/> Recruitment/Employment              |
| <input type="checkbox"/> Diagnostic/X-ray Services          | <input type="checkbox"/> Incontinence Products              | <input type="checkbox"/> Rehabilitation Therapy              |
| <input type="checkbox"/> Education/In-service               | <input type="checkbox"/> Insurance                          | <input type="checkbox"/> Skin/Hair Care                      |
| <input type="checkbox"/> Energy/Environmental/Pest Control  | <input type="checkbox"/> Laboratory Services                | <input type="checkbox"/> Transportation Sales/Leasing/Repair |

Other: \_\_\_\_\_

\_\_\_\_\_  
 Authorizing Representative

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

I will sponsor the board lunch for the month of \_\_\_\_\_.

I will sponsor the \_\_\_\_\_ educational class for \_\_\_\_\_/\_\_\_\_\_.  
Seminar/Class Date

OAHCP dues are not deductible as a charitable contribution for tax purposes, but may continue to be deductible as a business expense. However, per Section 6033 (c) of the Internal Revenue Service Code for 1998, a reasonable estimate of 10% of OAHCP dues will be spent on lobbying and other expenditures subject to Section 162(e) (1) of the Code and therefore are not deductible for federal income tax purposes.

In compliance with Section 6033 (e) of the Internal Revenue Code (the Code), the American Health Care Association reasonably estimates that 31% of the 2010 AHCA dues will be spent on lobbying and other expenditures subject to section 162(e)(1) of the Code. Therefore, this portion of the dues is not deductible for Federal income tax purposes.

Please make your check payable to: Oklahoma Association of Health Care Providers and include your payment with the completed application.

If you have any questions or need additional information, please, contact Crystal Mappes at 405.524.8338. Also, if you want your company logo included on OAHCP website and publications, please, forward a .jpg file to [cmappes@oahcp.org](mailto:cmappes@oahcp.org).

**Annual Calendar (Jan. – Dec.) Membership Dues for Business/Corporations is \$400**

**Dues may also be paid by American Express, Discover, MasterCard, or VISA by completing the following information:**

Please check: Discover  MasterCard  VISA  American Express  Direct Deposit

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

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

Cardholder Signature: \_\_\_\_\_

Authorized Amount: \$\_\_\_\_\_