

2012



Business/Corporate MEMBERSHIP

BENEFITS

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.

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 in Oklahoma City area and our Fall Fair in Tulsa. You also receive listing in the programs with opportunities for advertisement.

Business/Corporate Membership Application

Date: ____/____/____

Annual Membership is \$450 January - December

____ **Contact Information Same as Last Year**

Corporate Name: _____

Company Name: _____

Corporate Contact: _____

Local Rep: _____

Website: _____

E-mail: _____

Information for Programs & OAHCP Preferred Vendor Website

Contact: _____

Category of product or services: _____

Address: _____ E-mail: _____

City State Zip Code

Phone: _____
(Area Code)

Fax: _____
(Area Code)

Cell: _____
(Area Code)

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

**Send completed form, company description and logo in jpg file to cmappes@oahcp.org.
PDF FILES FOR YOUR LOGO ARE NOT ACCEPTABLE.**

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

Dues may also be paid by completing the following information:

Please check: Check ____ Discover ____ MasterCard ____ VISA ____ American Express ____

Account Number: _____

Expiration Date: ____/____ V Code: _____ Zip Code: _____

Cardholder Name: _____

Cardholder Signature: _____

Authorized Amount: \$ _____

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 16% 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.