

Vermont Health Care Association
617 Comstock Road, Suite #8
Berlin, VT 05602
Phone (802) 229-5700 Fax (802) 223-4826

Personal Membership

(Any person interested in participating in the educational programs and business meetings of VHCA and who is not employed by a non-member facility is eligible for membership. New applicants must be recommended in writing by three nursing home and/or residential care members.)

For membership period January 1, 2006 – December 31, 2006

For only \$200 per year, you will show your support to Vermont's long term care profession and be kept informed of important developments and trends.

Name: _____

Address: _____

Phone: _____

Fax: _____

E-Mail Address: _____

Organization: _____

Miscellaneous Information: _____

Please enclose three letters of recommendation from VHCA members (new applications) and your check for \$200 made payable to Vermont Health Care Association.