



Connecticut Association of
Health Care Facilities

Business Affiliate Member Application

Corporate Name (as you wish it to appear in
our records and/or through promotional
events):

Principals:

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Title: _____

Corporate Address:

Corporate

Telephone: _____

Fax: _____

E-mail: _____

Regional/Local Contact Person:

Regional/Local Address:

Regional/Local

Telephone: _____

Fax: _____

E-mail: _____

To whom should correspondence be sent:

Corporate

Regional/Local

Do you have a parent corporation?

No

Yes _____

Goods/Services Provided: _____

Are you currently doing business with any
providers in Connecticut? Please list:

Who referred you to CAHCF?

Dues are \$1,000/year (effective 01/01/2008).

Please enclose check with Application made
payable to "CAHCF."

Business Affiliate Applications are
considered by the Board of Directors of
CAHCF at their regularly scheduled meeting
following receipt.

Questions? Please call Richard C. Brown at
the Association.

Thanks.

See how you can benefit from:

✓ **conducting an Educational Seminar for our members**

- or -

✓ **Sponsoring an Event or Program.**

For more information on these opportunities, please contact Richard C. Brown, Director of Member Services, at the Association.

**Protecting,
Promoting
&
Advancing
Connecticut's
Long-Term
Health Care Industry**

**CAHCF...
We work for YOU!!!**

Contact information:

Connecticut Association of
Health Care Facilities

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RBrown@cahcf.com (e-mail)
www.cahcf.org (website)



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**Business Affiliate
Application**



**Membership opens
the door to
business opportunities!**