



**ILLINOIS NURSING HOME
ADMINISTRATOR'S ASSOCIATION
2019 Membership Renewal**

INHAA offers the most cost-effective, relevant, comprehensive and professional educational experience for administrators and nurses of any organization in Illinois. Don't miss out on any of our upcoming educational seminars or our Monthly newsletter. Renew your membership now.

Dues For membership period of 1/1/19 - 12/31/19: \$100.00

INHAA FEIN #: 37-1219674

It is important to complete the information below, so that we may update our records. Then mail or fax it along with your payment to renew your INHAA membership for 2019.

PLEASE PRINT (Please include your E-mail address for INHAA newsletter and updates)

Name: _____

E-mail: _____

Title: _____

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Facility Address: _____

City/State/Zip: _____

Daytime Tel: _____ 24 Hour Fax: _____

Home Address: _____

City/State/Zip: _____

Administrator License #: _____ Nurse License #: _____

I would like to present educational sessions/seminars: ___Yes ___No

Subject areas: (please attach or provide a brief description along with your resume)

Credit Card Payment: _____ Visa or _____ Master Card only – (NO AMEX)

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**Thank you for your continued support of INHAA!
Please mail this form and your check payable to INHAA
P.O. Box 272, Rochester, Illinois 62563
Phone: 708-800-6161 or fax your credit card payment to 708-248-8078
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