



SOCIETY OF LICENSED NURSING HOME ADMINISTRATORS OF NEW JERSEY

Website: www.slnha.org

MEMBERSHIP REGISTRATION & RENEWAL FORM

2010

2011

2012

Check Membership Type:	Administrator	AIT	DON	
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Full Name:	License #:
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Home Address:	Phone #:
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City/State:	Zip:
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E-Mail Address:	Cell #:
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Facility (or Name of Company):	Phone #:
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GET INVOLVED! Please check if you have an interest in joining either committee: Membership
(A check indicates you have an interest in joining only. You will be contacted and provided with more information allowing you to make your decision.)

Membership is recorded in the name of the administrator not the facility, regardless if the facility pays for the membership.

**Please mail completed form with your check for \$175.00 made payable to:
"SLNHA of NJ" to:**

**Marie Halis c/o Cheshire Home, Inc.
9 Ridgedale Avenue, Florham Park, NJ 07932
973-966-1232 x 212 or mhalis@cheshirenj.org**

**Meetings are held at the Gran Centurions
440 Madison Hill Road, Clark, NJ 07066
on the third Thursday of each month at 1:00 p.m.**

(Garden State Parkway to Exit 135; Right on Central Avenue; Left on Raritan Road; Left on Madison Hill Road)

Pictures of our members and guests may be taken at parties, seminars and various other functions. Please check below if you want your photo used on our website.

I **DO NOT GIVE** SLNHANJ permission to use my photo or my professional or demographic information on the slnha.org website

Signature

Date

ALL INFORMATION REGARDING MEETINGS WILL BE POSTED ON THE WEBSITE

I would like to receive reminders via email: Yes No Please notify us if your email

Refer a New Member and Receive a Discount

If they join, you'll receive \$25.00 off your membership!

SLNHA 2010 Schedule:

January 20th; February 17th; March 17th; April 6th; May 19th

June 16th; September 15th; October 20th; November 17th; December 15th

**All day program - registration required - 973-966-1232 x 212*

Other

Education

Membership.

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if you do not

address changes

