



THE New Brunswick
Special Care Home
Association INC.



Special Care Home Name: _____

Address _____

Contact person: _____ Email Address: _____

Telephone: _____ Fax: _____ Cell: _____

Department Of Social Development License Number _____

Number of Beds _____ Current Vacancies _____ Levels of Care Offered _____

COST OF MEMBERSHIP is \$100 per home plus \$15 per Licensed Bed

You have the option of registering only 1 home, but all licensed Beds must be registered , if all beds are not included checks will be returned and membership declined

This fee registers you with **N.B. SPECIAL CARE HOME ASSOCIATION INC.**

Please forward registration form and payment to: You can also send an E-Transfer to Treasurer@nbscha.com

NBSCHA Treasurer Leonard Gervais

Please use nbscha (lowercase) as your password for E-Transfers

203 MacFarlane Street

Fredericton, NB.

E3A 1V7

Fax 1-506458-0918

Please make check payable to: NEW BRUNSWICK SPECIAL CARE HOME ASSOCIATION

Membership cards will be mailed upon receiving your payment. If you have any questions regarding membership please contact: Leonard Gervais @ 458-8968

<u>Basic Dues</u>	\$ 100.00
	\$
+ TOTAL NUMBER OF Licensed Beds _____ @ \$15.00 each	_____
	\$ _____

= Total Membership Fee

NBSCHA use only:

Date Received:

Chq #:

Member #:

Date of Issue:

