



# **SOCIETY OF LICENSED NURSING HOME ADMINISTRATORS OF NEW JERSEY**

Website: [www.slnha.org](http://www.slnha.org)

## **MEMBERSHIP REGISTRATION & RENEWAL FORM 2024**

Check Membership Type:	Administrator	AIT	DON	Other
Full Name:				
Please list all States in which you hold a license (State / License #):			NAB #:	
Home Address:			Zip:	
City/State:			Home Phone #:	
E-Mail Address:			Cell #:	
Facility (or Name of Company):			Work Phone #:	
<b>GET INVOLVED!</b> Please check if you have an interest in joining either committee:      Membership <input type="checkbox"/> Education <input type="checkbox"/> <small>(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.)</small>				
Membership is recorded in the name of the administrator <u>not</u> the facility, regardless if the facility pays for the membership.				
<b>Please mail completed form with your check for \$395 made payable to:</b> <b>"SLNHA of NJ" to:</b> <b>Kay Hilling c/o Cheshire Home, Inc.</b> <b>9 Ridgedale Avenue, Florham Park, NJ 07932</b> <i>973-966-1232 x 212 or slnhanewjersey@gmail.com</i>				
<b>Meetings may be held virtually or in-person</b> <b>If in-person, meetings are at</b> <b>The Westwood, 438 North Avenue, Garwood, NJ 07027    908-789-0808</b> <i>usually on the third Thursday of each month</i>				
Sponsors may request contact information of program attendees. Please check and sign below if you <u>do not</u> want your contact information forwarded to sponsors.				
I <b>DO NOT GIVE</b> SLNHANJ permission to forward my professional or demographic information to sponsors. <span style="float: right;"><input type="checkbox"/></span>				
Signature			Date	
<b>ALL INFORMATION REGARDING MEETINGS WILL BE POSTED ON THE WEBSITE</b>				
<b>Refer a New Member and Receive a Discount</b>				

