

MIAMI VALLEY LONG TERM CARE
ASSOCIATION
Membership Application

*Creating an
atmosphere for
sharing the
information you
need.*

Name of Organization: _____

Contact Name: _____ Title: _____

Address: _____
Street City State Zip

Phone: _____ Fax: _____

Email: _____

Number of Beds or Assisted Living Units @ \$1.85
each: \$_____

Or select one of the following categories

- Vendor (\$225)
 Individual (\$50)

*Please complete and return with Check payable to the
MVLTC
P.O. Box 216
Dayton, Ohio 45409*

**Counties served: Butler, Champaign, Clark, Darke, Greene, Logan,
Miami, Montgomery, Preble, Shelby, and Warren**