



The National Consumer Voice for Quality Long-Term Care (formerly NCCNHR) is a 501(c)(3) nonprofit organization founded in 1975 by Elma Holder. We represent the consumer voice at the national level for quality long-term care, services and supports by:

- Advocating for public policies that support quality care and quality of life responsive to consumers' needs in all long-term care settings;
- Empowering and educating consumers and families with the knowledge and tools they need to advocate for themselves;
- Training and supporting individuals and groups that empower and advocate for consumers of long-term care; and
- Promoting the critical role of direct-care workers and best practices in quality-care delivery.

You can support our advocacy by becoming a member. Each year-long membership is open to anyone interested in supporting and advocating for quality long-term care.

Membership Benefits Include:

- Free subscription to The Voice, our weekly e-newsletter filled with policy updates, information about resources of interest, notice of upcoming meetings and events from the Consumer Voice and other organizations, and much more ...;
- Significantly discounted rates for the annual conference registration, webinars, publications, and other events;
- Access to our calls specifically for members which include policy updates, guest speakers, and dialogue on important, current issues; and
- Supporting Consumer Voice's advocacy for quality care, quality of life, and protection of rights for all persons receiving long-term care.

Application

Please Circle Type of Membership

Individual Membership

Resident/Consumer	Free
Students/Nursing Assistants	\$10
Age 65 and over	\$20
Other Individuals	\$40
Licensed Professional	\$60
Joint Membership with NALLTCO	\$50

(Only available for local long-term care ombuds-

Group Membership

Resident Councils	\$10
Family Councils	\$45
Budget under \$25,000	\$65
Budget \$25,001— \$75,000	\$110
Budget \$75,001— \$150,000	\$215
Budget \$150,001— \$500,000	\$300
Budget \$500,001—\$2 million	\$525
Budget over \$2 million	\$750

Tax-Deductible Donations

\$

Donation in memory of / in honor of: (circle one) _____

Name:

Title:

Organization:

Street Address:

City/State/Zip:

Phone:

Email:

Total Amount to be Paid:

Payment Method: (circle one)



Check



Card #:

Exp: CVV#:

Cardholder's Name:

Cardholder's Signature:

Group Members:

List names and email addresses of individuals in your group.

Send completed form to the Consumer Voice

1025 Connecticut Ave., NW, Suite 1000, Washington, DC 20036