



## **Information Update for Center Membership Renewal**

Please help us keep our records current by completing this form as appropriate. The information can be entered directly into this form. Please save it to your computer first.

There is no need to complete any section where the information has not changed since the last membership year. Please return this form with your dues payment.

**Center name:**

**Center address:**

**Administrator name & title:**

**Administrator email:**

**Administrator cell phone:**

**Director of Nursing name & title:**

**Director of Nursing email:**

**If you have added any beds, how many?**

**If you have added any services, what are they?**

**Is there any other information, you think we should know?**