



## Information Update for Center Membership Renewal

Please help us keep our records current by completing this form as appropriate. Save this your computer and type the information directly into the form.

Please return the completed form with your dues. Thank you.

**Center name:**

**Center address:**

**Center phone:**

**Administrator name & title:**

*(e.g., Mary Ford, Executive Director)*

**Administrator cell phone:**

**Administrator email:**

**Chief nurse name & title:**

*(e.g., Tom Ford, Director of Nursing)*

**Chief nurse 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?**

*For Internal Use:* AMO\_\_\_\_\_ CC\_\_\_\_\_ Pkt\_\_\_\_\_ Web\_\_\_\_\_ Bkpg\_\_\_\_\_