

- ❖ Return completed application with payment to the association via mail or fax (see contact information at bottom of page).
- ❖ Questions? Call PALTmed’s headquarters at 410-992-3118 or send an email to membership@paltmed.org.

GENERAL INFORMATION (please print clearly)

Are you a former member? Yes No Member ID (if known) _____

National Provider Identification Number (if applicable) _____

Prefix _____ Name (First, Middle, Last, Suffix) _____

Former name (if changed) _____

Credentials _____ Title _____

Company _____

CONTACT INFORMATION

Primary Address Home Business

Street _____

Apt#/Suite _____

City _____ State _____ Zip _____ Country _____

Email _____ Phone _____

Check this box if you do not want your contact information to be included in the association’s membership directory.

BOARD SPECIALTY

Primary Specialty _____ Secondary Specialty _____

Sub-Board Specialty _____

I SERVE AS... (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Medical Consultant |
| <input type="checkbox"/> Attending Physician | <input type="checkbox"/> Medical Director |
| <input type="checkbox"/> CMIO | <input type="checkbox"/> Nurse Practitioner |
| <input type="checkbox"/> CMO/CCO | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Consultant Pharmacist | <input type="checkbox"/> Practice Manager |
| <input type="checkbox"/> Director of Nursing | <input type="checkbox"/> Therapist |
| <input type="checkbox"/> Hospitalist | <input type="checkbox"/> Other _____ |

Ethnicity/Race (collected to assess progress toward recruiting a diverse membership)

- | | |
|--|--|
| <input type="checkbox"/> White (non-Hispanic) | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> South Asian | <input type="checkbox"/> East Asian |
| <input type="checkbox"/> Southeast Asian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Two or More Races |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Some Other Race |
| | <input type="checkbox"/> Prefer Not to Answer |

MEMBERSHIP (please select the appropriate membership category)

Membership Category	Description	2024 Dues*
<input type="checkbox"/> Physician	Physician (Medical Director, Attending Physician, Specialist)	\$445
<input type="checkbox"/> NP/PA	Physician Assistant (PA), Nurse Practitioner (NP, ANP, APRN, etc) & CNS	\$325
<input type="checkbox"/> Doctorally-Prepared Clinician (Non-Physician)	Clinician w/ Doctorate Degree (Non-Physician) (EdD, DDS, DNP, DPM, DPT, PharmD, PhD, PsyD, etc.)	\$325
<input type="checkbox"/> Practice Manager	Practice Manager (Non-Clinician)	\$200
<input type="checkbox"/> Allied Health Professional	Administrator, DON, RN, CNA, etc.	\$200
<input type="checkbox"/> Retired	Retired Practitioner	\$85
** Student	Fellow, Resident, Postgraduate or Undergraduate	FREE

SAVE 5% when you pay for a 2-year membership online at paltc.org

* The association's membership term is based on the calendar year. Dues will be collected in the fall each year for the following calendar year (January 1 – December 31). New member enrollments are effective immediately and will be valid through December 31, 2024.

** Students must complete the Student Application at paltmed.org/student-application.

E-RESOURCE SUBSCRIPTION (optional add-on)

License the association's e-resources, while joining/renewing your membership. ⁺

- Includes all CPGs, Pocket Guides, CPG Implementation Manuals, Know-it-All Series, LTC Information Series, Practice Management Tools and Assisted Living Series.
- Visit paltmed.org/e-resource-subscription for a comprehensive list.

	Physician	NP/PA	Doctorally Prepared Clinician	Practice Manager	Allied Health Professional	Retired
e-Resource Subscription (subscription valid thru 12/31/2024)	\$99	\$75	\$75	\$49	\$49	\$49

⁺ All e-resources are viewable from your PC, tablet and smartphone through your PALMed account in FlipHTML5 format. Most are not downloadable or printable.

CHAPTER MEMBERSHIP

Membership in your chapter provides numerous networking and professional development opportunities with your local colleagues. Learn more about your chapter by visiting paltmed.org/chapters. Please contact the chapter directly to join if your state is not listed below.

The association collects payment of chapter dues for the following states. Please check below if you want to join or renew membership:

2024 CHAPTER DUES	Physician	NP/PA	Doctorally Prepared	Practice Manager	Allied Health Professional	Retired
<input type="checkbox"/> California	\$150	\$125	\$125	\$125	\$125	\$100
<input type="checkbox"/> Carolinas (NC, SC)	\$100	\$50	\$50	\$50	\$50	FREE
<input type="checkbox"/> Colorado	\$90	\$70	\$70	\$70	\$70	\$50
<input type="checkbox"/> Georgia	\$125	\$75	\$75	\$100	\$100	FREE
<input type="checkbox"/> Greater New England (CT, MA, ME, NH, RI, VT)	\$100	\$75	\$75	\$100	\$75	\$50
<input type="checkbox"/> Hawaii	\$50	\$25	\$25	\$50	\$15	FREE
<input type="checkbox"/> Illinois	\$70	\$70	\$70	\$70	\$40	FREE
<input type="checkbox"/> Iowa	\$50	\$50	\$50	\$50	\$50	FREE
<input type="checkbox"/> Kentucky	\$100	\$100	\$100	\$50	\$50	FREE
<input type="checkbox"/> Michigan	\$100	\$50	\$50	\$50	\$50	\$50
<input type="checkbox"/> Mid-Atlantic (DC, DE, MD)	\$150	\$150	\$75	\$75	\$75	\$40
<input type="checkbox"/> Missouri	\$100	\$85	\$75	\$75	\$75	\$75
<input type="checkbox"/> Mountain West (AK, AZ, ID, MT, NM, NV, UT, WY)	\$100	\$80	\$80	\$80	\$80	\$50
<input type="checkbox"/> New Jersey	\$75	\$50	\$50	\$50	\$50	\$50
<input type="checkbox"/> New York	\$100	\$75	\$75	\$75	\$75	\$50
<input type="checkbox"/> Ohio	\$120	\$90	\$60	\$60	\$60	\$25
<input type="checkbox"/> Oklahoma	\$50	\$25	\$25	\$50	\$25	FREE
<input type="checkbox"/> Oregon	\$50	\$50	\$50	\$50	\$50	\$50
<input type="checkbox"/> Pennsylvania	\$130	\$95	\$95	\$75	\$75	FREE
<input type="checkbox"/> Tennessee	\$50	\$50	\$50	\$50	\$50	FREE
<input type="checkbox"/> Virginia	\$100	\$90	\$90	\$100	\$90	\$50
<input type="checkbox"/> Washington	\$75	\$50	\$50	\$75	\$75	\$38
<input type="checkbox"/> Wisconsin	\$140	\$140	\$140	\$75	\$75	\$75

THE FOUNDATION FOR POST-ACUTE AND LONG-TERM CARE MEDICINE

The Foundation for Post-Acute and Long-Term Care Medicine, an autonomous 501(c)(3) corporation, is the fundraising arm of PALTmed and its affiliates. The Foundation supports the quality of life for persons in the PALTC spectrum through the development of clinical resources, recognizing and inspiring future and current practitioners, and demonstrating the value of a trained and engaged workforce.

We encourage you to make a tax-deductible donation while you are paying your dues. To learn more about the Foundation’s programs, visit paltcfoundation.org.

HOW DID YOU LEARN ABOUT PALTmed?

- Advertisement
- PALTmed’s COVID-19 Resources/Efforts
- Event
- Mailing
- Publication
- State Chapter
- Website
- Web Search
- Member/Colleague: Referring Member Name: _____

PAYMENT INFORMATION

Association Membership Dues \$ _____

e-Resource Subscription (optional) \$ _____

State Chapter Membership Dues (optional) \$ _____

Contribution to Foundation (optional) \$ _____ \$25 \$50 \$100 \$250 Other

Total Amount Due \$ _____ (Your application will not be processed without full payment)

Payment Method: Check Enclosed (made payable to PALTmed) AMEX MasterCard Visa Discover

Cardholder Name (as it appears on card) _____

Card # _____ Exp Date _____ Security Code* _____ Billing Zip Code _____

Signature _____ Date _____

Email Address to Send Payment Receipt _____

Auto renew my membership every billing cycle. (Only available when paying by credit card.)

By submission of this Membership Application, I acknowledge that I’ve read and agree to adhere to PALTmed’s Anti-Harassment Policy: paltmed.org/anti-harassment

***Important Note for Credit Card Users:** Visa, MasterCard, and American Express credit cards include a security feature—known as “CVV2” on Visa and MasterCard, and “CID” on American Express cards—to protect against fraud. The code is printed only on the card. For Visa and MasterCard, look for the “CVV2” on the back: The “CVV2” is a 3-digit number printed on the signature line on the back of your card. On some cards, the complete credit card number appears before the “CVV2”; on others, only the last four digits of the credit card number appear before the “CVV2”. For AMEX, look for the “CID” on the front: the “CID” is a 4-digit number printed above your account number on the face of your card.

Contributions or gifts to Post-Acute and Long-Term Care Medical Association are not tax deductible as charitable contributions for income tax purposes. Further, the Revenue Reconciliation Act of 1993 states that association dues used for lobbying activities are not deductible as a business expense. PALTmed estimates that the portion of your dues allocable to lobbying is 25%. Donations to the Foundation, a 501(c)(3), are tax-deductible to the full extent allowed by the law.