



THE ALABAMA  
MEDICAL DIRECTORS  
ASSOCIATION

**ALMDA**  
19 S. Jackson Street  
Montgomery, Ala. 36104  
(334) 954-2500 | Fax (334) 269-5200  
[www.almda.org](http://www.almda.org)

## 2022 Facility Membership and Conference Registration

**ALMDA's Facility Membership Category includes membership dues for a long-term care facility and conference registration for up to two nonphysician representatives at each conference.**

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_  
Street or PO Box City, State ZIP

Facility Phone: \_\_\_\_\_ Website: \_\_\_\_\_

**Meeting Attendees (Attendee names and contact information are due 30 days prior to a meeting date.)**

### Mid Winter Conference (Jan. 29, 2022) Birmingham

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ E-mail: \_\_\_\_\_

Accommodation information will be posted at [www.almda.org](http://www.almda.org).

### Annual Conference (July 21-24, 2022) Sandestin, Fla.

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ E-mail: \_\_\_\_\_

Accommodation information will be posted at [www.almda.org](http://www.almda.org).

**PAYMENT: Facility Membership is \$850 per year and includes registration fees for up to two nonphysician representatives to attend each meeting.**

*Note: Membership dues are non-refundable*

Credit Card:  VISA  MasterCard  American Express  Check payable to ALMDA

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street or PO Box City, State ZIP

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Email for Receipt: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Complete form and return to: Alabama Medical Directors Association (ALMDA)  
P.O. Box 1900 • Montgomery, AL 36102 • Fax: (334) 269-5200**

*For more information, please contact Meghan Martin at [Mmartin@alamedical.org](mailto:Mmartin@alamedical.org) or (334) 954-2500.*