

Avera Education & Staffing Solutions Membership Application

Please fill out the following information to submit your application to become an Avera Education & Staffing Solutions Member. Membership cost is \$330.00 per year which is invoiced every January for the calendar year. Partial year memberships will be prorated for the remaining months of the calendar year.

Facility Name: Address: City: State: Phone Number: Facility Type: Hospital Nursing Home Assisted Living Other:	*Please note: Facilities that operate more than one facility, each facility must enroll on separate applications.	
Address: City: State: Zip Code: Phone Number: Facility Type: Hospital Nursing Home Assisted Living Other: Contact Information: CEO/Administrator: Email: Director of Nursing: Email: Education Coordinator: Email:	Date:	
State: Zip Code: Phone Number: Facility Type: Hospital	Facility Name:	
Facility Type: Hospital Nursing Home Assisted Living Other: Contact Information: CEO/Administrator: Director of Nursing: Education Coordinator: Email: Email:	Address:	City:
Hospital Nursing Home Assisted Living Other: Contact Information: CEO/Administrator: Email: Director of Nursing: Email: Education Coordinator: Email:	State: Zip Code:	Phone Number:
Contact Information: CEO/Administrator: Email: Director of Nursing: Email: Education Coordinator: Email:	Facility Type:	
CEO/Administrator: Email: Email: Education Coordinator: Email: Email:	☐ Hospital ☐ Nursing Home ☐ A	ssisted Living
Director of Nursing: Email: Education Coordinator: Email:	Contact Information:	
Education Coordinator: Email:	CEO/Administrator:	Email:
	Director of Nursing:	Email:
Business Manager: Email:	Education Coordinator:	Email:
	Business Manager:	Email:

Membership is non-refundable. If cancelled within 30 days, \$100 will be charged.

Your facility will be sent an invoice for the membership fee. Please contact Avera Education & Staffing Solutions at (605) 668-8475 with any questions.

Thank you!