

**2015 LTCEA Membership Application**

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Name

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Current Position/Title

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Institution/Employer

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Street Address

City

State

Zip

This address is  home  work

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Work Phone

Home Phone

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E-mail (**required**)

Fax

Please check the following if applicable:

CNA Instructor

CMT Instructor

Vendor

CNA Examiner

CMT Examiner

Administrator

Level I Medication Aide Instructor/Examiner

\*\*\*Fee's waived for 2015\*\*\*

Denny Pezzani, Treasurer  
Long Term Care Educators Association  
637 Oak Path Drive  
Ballwin, Missouri 63011  
dpezzani@stchas.edu

Annual membership runs January 1<sup>st</sup> thru December 31<sup>st</sup> and is renewable no later than February 15<sup>th</sup>.