



2009 Allied* Membership Renewal Invoice

National Association for Home Care & Hospice

* Allied membership is open to not-for-profit groups with an interest in homecare and hospice—including schools of nursing, libraries, and health-related national organizations.

1 Your Information

Membership dues are payable upon receipt.

Please make corrections below if necessary:

Mailing Recipient/Title

Agency/Organization Name

Address

City/State/Zip

Telephone Number

Fax Number

Email address

World Wide Web Address

2 Choose Method of Payment

The 2009 annual dues rate for Allied Members is \$500 per calendar year.

A. Check Check Number: _____ *Make checks payable to NAHC.*

B. Visa Master Card American Express Discover

Credit Card Number

Expiration Date

Name as it appears on card

Signature of cardholder

3 Return This Form with Your Payment

Membership dues are payable upon receipt.

MAIL:

National Association for Home Care & Hospice, PO Box 91486, Washington, DC 20090
(Use the enclosed postage paid envelope.)

FAX:

(202) 547-3660

Questions? Call NAHC's Membership Department at (202) 547-7424 or email membership@nahc.org.

Association dues payments, to NAHC or otherwise, are not tax deductible as charitable contributions, Sections 501[c]5 and [c]6. Membership is based on the calendar year; dues are nonrefundable. The Internal Revenue Code limits the amount of business expense deductions for dues paid to an association that engages in lobbying activities even if dues are not used for lobbying; the amount excluded for 2009 is 7% based on IRS criteria.