



2010 Provider Membership Application National Association for Home Care & Hospice

Joining NAHC is as easy as 1, 2, 3

1 Provide Your Information

Membership dues are payable upon receipt.

Please print or type clearly.

CEO Name

Email address

Mailing Recipient/Title

Agency/Organization Name

Medicare Certified #

Address

City/State/Zip

Telephone Number

Fax Number

Email address

Web Address

2 Calculate Your Dues

Minimum of \$500 and maximum of \$7,400. Yes, I also want to belong to:

	Gross Revenue*	Percent	Dues
Example	\$2,000,000	X .0021	= \$4,200
Calculate Here	\$ _____	X .0021	= \$ _____

HHFMA — please email me an application.

PDHCA — FREE

HCTAA — FREE

All dues are annual. Call the membership department if you have any questions.

Total Amount Enclosed:

\$ _____

3 Choose Your Method of Payment

A. Check Check Number: _____

Membership dues are payable upon receipt.

B. Visa Master Card American Express

Make checks payable to NAHC.

Discover

MAIL:

National Association for Home Care & Hospice
PO Box 91486, Washington, DC 20090

Credit Card Number

Expiration Date

FAX:

(202) 547-3660

Name as it appears on card

Questions? Call NAHC's Membership Department at (202) 547-7424, fax (202) 547-3540 or email membership@nahc.org.

Signature of Cardholder

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 2010 is 10% based on IRS criteria.

Individual Listings for NAHC Provider Member Employees

2010 Official Registration Form



To: Membership Department
National Association for
Home Care & Hospice
PO Box 91486
Washington, DC 20090

From: _____
Name of Agency

City and State

Re: Individual Employee Listings for NAHC Provider Members

The NAHC Board has created the category of individual employee listings which will allow us to register members of your staff free of cost. Understand that these individuals will be eligible to receive NAHC Report on line, and additional benefits including discrete newsletters in their area of expertise. Please enroll the following people from your agency in the categories listed below.

1. _____
Name CEO/Executive Director Email Address
2. _____
Name CFO/Director of Finance Email Address
3. _____
Name Clinical Director Email Address
4. _____
Name Director of Nursing Email Address
5. _____
Name Compliance/Legal Officer Email Address
6. _____
Name Human Resources Director Email Address
7. _____
Name PR & Communications Director Email Address
8. _____
Name COO/Director of Operations Email Address
9. _____
Name CIO/IT/IS Director Email Address
10. _____
Name Hospice Director Email Address
11. _____
Name Medical Director Email Address
12. _____
Name Director of Private Duty/Pay Email Address
13. _____
Name Marketing/Business Development Director Email Address

Please return this official registration form with your dues renewal to start your individual memberships beginning January 1, 2010.

MAIL TO:
National Association for
Home Care & Hospice
PO Box 91486
Washington, DC 20090

FAX TO:
(202) 547-3660