



# 2010 Provider Renewal Invoice National Association for Home Care & Hospice

**Membership dues are payable upon receipt.**

Help us keep your NAHC profile accurate. Please make corrections below.

## 1 Your Information on file is:

_____ CEO Name		_____ Email	
_____ Mailing Recipient/Title		_____ Medicare Certified #	
_____ Agency/Organization Name			
_____ Address			
_____ City/State/Zip			
_____ Telephone Number		_____ Fax Number	
_____ Email address		_____ Web Address	

## 2 Calculate Your Dues

Minimum of \$500 and maximum of \$7,400.

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

\*Gross revenue equals home care and/or hospice patient care revenue from your most recently completed fiscal year.

Yes, I also want to belong to:

- 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: \_\_\_\_\_
- B.  Visa  Master Card  American Express
- Discover

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Name as it appears on card

\_\_\_\_\_  
Signature of Cardholder

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**Make checks payable to NAHC.**

**MAIL:**

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

**FAX:**

(202) 547-3660

**Questions?** Call NAHC's Membership Department at (202) 547-7424, fax (202) 547-3540 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 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.**

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