



# 2011 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
- HAA — 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

Membership dues are payable upon receipt.

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.

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

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 2011 is 10% based on IRS criteria.

# Individual Listings for NAHC Provider Member Employees

## 2011 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, 2011.**

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