Private Duty Homecare Association Membership Application

☐ New Member ☐ Renewal

Member ID (if known):_____

Primary Contact Name and Title

Primary Contact Email Address

Contact Name for Agency Referrals (listed in the NAHC Agency Locator)

Email Address for Agency Referrals (listed in the NAHC Agency Locator)

Agency / Organization Name

Address

City/State/Zip

Telephone Number

Fax Number

Company Web Address

2017 Private Duty Homecare Association Membership Dues	2017 Dues
☐ **Payment in Full** for 2017 . . . . . $550.00 *All dues amounts are annual calendar based and non-refundable*	$_____
Total Payment Enclosed	**$**_____

If you have any questions, please contact Membership at membership@nahc.org

Please send this form and payment by:

Fax: 202-547-3660

Mail: NAHC BANK LOCK BOX,
PO Box 37558, Baltimore, MD 21297-3558

Association dues payments, to NAHC or otherwise, are not tax deductible as charitable contributions, Sections 501[c]5 and [c]6. 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 2017 is 15% based on IRS criteria.

Payment Information:

☐ **Check Enclosed** Check Number: _____

☐ **Visa** ☐ **Master Card** ☐ **American Express** ☐ **Discover**

Credit Card Number

Expiration Date

Print name as it appears on card

Billing Zipcode

Signature of Cardholder