



Private Duty Homecare Association Membership Application

New Member

Renewal

Member ID (if known): _____

Primary Contact Name and Title

Primary Contact Email Address

Agency / Organization Name

Address

City/State/Zip

Telephone Number

Fax Number

Company Web Address

Social Media Used:

Facebook

Twitter

LinkedIn

Youtube

2018 Private Duty Homecare Association Dues:

Payment in Full for 2018 \$ 550.00

All dues amounts are annual calendar based and non-refundable

Please see next page to add your staff to NAHC's Newsletters and to participate in NAHC Affiliates (Some Affiliates require an additional fee to participate for each individual)

Total Affiliate Fees \$ _____

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**

Please do not send this form via email

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 2018 is 15% based on IRS criteria.

Total Payment Enclosed

\$

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

NAHC Affiliates and Newsletters:

NAHC Events: Information on NAHC meetings, education and web events, delivered monthly

Private Duty Home Care Association: Private pay specialists share insights into this growing market. Includes a monthly phone conference, and a monthly email newsletter

Please list the staff you would like to participate:

Please list each individual so they can start receiving benefits immediately. Please attach additional pages if necessary. Check the appropriate options for each person listed. **(HHFMA membership is \$100 per individual.)**

Name: _____ Title: _____ Email: _____
NAHC Events Private Duty Home Care Newsletter

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NAHC staff is committed to providing the highest quality service to its members.
Contact Membership Department at 202/547-7424 or membership@nahc.org for assistance.