



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

2019 Private Duty Homecare Association Dues:

Payment in Full for 2019 \$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 2019 is 15% based on IRS criteria.

Total Payment Enclosed		\$ _____
Check Enclosed	Check Number: _____	
Visa Mastercard	American Express Discover	
_____ Credit Card Number		_____ Expiration Date
_____ Print name as it appears on card		_____ Billing Zip Code
_____ 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 an email newsletter: Private Duty Source

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.

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 the Membership Department at (202) 547-7424 or membership@nahc.org for assistance.