



# Home Care & Hospice Financial Managers Association 2020 Membership Application

**NAHC membership is a prerequisite to joining HHFMA**

Primary Contact Name and Title		Primary Contact Email Address	
Agency / Organization Name			Member ID Number
Address			
City		State	Zip
Telephone Number		Fax Number	
Company Web Address		Social Media Used: <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> LinkedIn <input type="checkbox"/> YouTube	

### 2020 Home Care & Hospice Financial Managers Association Dues:

HHFMA membership is \$100 per individual. Please list each individual so they can start receiving benefits immediately. Your organization must be a NAHC member to join HHFMA.

Name: _____	Title: _____	Email: _____
Name: _____	Title: _____	Email: _____
Name: _____	Title: _____	Email: _____
Name: _____	Title: _____	Email: _____
Name: _____	Title: _____	Email: _____
Name: _____	Title: _____	Email: _____
Name: _____	Title: _____	Email: _____
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Name: _____	Title: _____	Email: _____
Name: _____	Title: _____	Email: _____
Name: _____	Title: _____	Email: _____
Name: _____	Title: _____	Email: _____

Please send this form and payment by:  
Fax: 202-547-3660  
Mail: NAHC BANK LOCK BOX  
PO Box 37558, Baltimore MD 21297-3558  
Questions? Contact us at [membership@nahc.org](mailto:membership@nahc.org)

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 2020 is 15% based on IRS criteria.

<b>Total Payment Enclosed</b>	\$ _____
<input type="checkbox"/> <b>Check Enclosed</b> Check Number: _____ <input type="checkbox"/> <b>Visa</b> <input type="checkbox"/> <b>Mastercard</b> <input type="checkbox"/> <b>American Express</b> <input type="checkbox"/> <b>Discover</b>	
_____	<b>Expiration Date</b>
_____	<b>Billing Zip Code</b>
_____	
Signature of Cardholder	