



Home Care & Hospice Financial Managers Association Membership Application

New Member Renewal

Member ID (if known): _____

Primary Contact Name

Title

Primary Contact Email Address

Telephone Number

Fax Number

Agency/Organization Name

Address

City

State

Zip

Company Web Address

2023 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

OPTIONS TO PAY: Payable to NAHC

ACH: Call 202-547-7424
Fax: 202-547-3660
Credit Card: Contact 202-547-7424 or membership@nahc.org
Mail Check Payments: NAHC Bank Lock Box
 PO Box 37558
 Baltimore, MD 21297-3558

Total Payment Enclosed \$ _____

ACH (contact NAHC) **Check Enclosed:** Check Number: _____
 Credit Card: Visa Mastercard American Express

_____ Credit Card Number _____ Expiration Date

_____ Print name as it appears on card _____ Billing Zip Code

_____ Signature of Cardholder

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 2023 is 23% based on IRS criteria.

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