

National Association for Home Care & Hospice

2005 Allied* Provider Member Application



* *Allied membership is open to not-for-profit groups with an interest in homecare and hospice—including schools of nursing, libraries, and health-related national organizations.*

Easy as 1, 2, 3...

1 Please Provide Your Contact Information

Mailing Recipient/Title

Agency/Organization Name

Address

City/State/Zip

Telephone Number

Fax Number

Email address

World Wide Web Address

2 Choose Method of Payment

The 2005 annual dues rate for Allied Members is \$500 per calendar year.

A. Check Check Number: _____ *Make checks payable to NAHC.*

B. Visa Master Card American Express

Credit Card Number

Expiration Date

Name as it appears on card

Signature of cardholder

3 Return This Form with Your Payment

Please Return This Form & Your Payment by January 31st, 2005.

MAIL:

National Association for Home Care & Hospice, PO Box 91486, Washington, DC 20090
(Use the enclosed postage paid envelope.)

FAX:

(202) 547-3660

Questions? Call NAHC's Membership Department at (202) 547-7424 or email membership@nahc.org.

NAHC dues payments are not tax deductible as charitable contributions under notice 88-120 Sections 501[c]5 and [c]6. Membership is based on the calendar year; dues are nonrefundable. 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 2005 is 5% based on IRS criteria.

Individual Memberships for NAHC Provider Members

2005 Official Registration Form



To: Val J. Halamandaris, President
National Association for
Home Care & Hospice
PO Box 91486
Washington, DC 20090

From: _____
Name of Agency

City and State

Re: Enrolling our staff without cost as Individual Members of NAHC

Thanks to you and the NAHC Board for creating the category of individual memberships which will allow us to register up to 12 members of our staff free of cost as members of NAHC. We understand that these individuals will be eligible to receive NAHC Report on line, and additional benefits including discrete newsletters in their area of expertise. Please enroll the following people from our agency in the following categories:

1. CEO/Executive Director
2. CFO/Director of Finance
3. Clinical Director/Director of Nursing
4. Compliance/Legal Officer
5. Human Resources Director
6. PR & Communications Director
7. COO/Director of Operations
8. CIO/IT/IS Director
9. Hospice Director
10. Medical Director
11. Director of Private Duty/Pay
12. Marketing/Business Development Director

1.	_____	_____	_____
	Name	Title	Email Address
2.	_____	_____	_____
	Name	Title	Email Address
3.	_____	_____	_____
	Name	Title	Email Address
4.	_____	_____	_____
	Name	Title	Email Address
5.	_____	_____	_____
	Name	Title	Email Address
6.	_____	_____	_____
	Name	Title	Email Address
7.	_____	_____	_____
	Name	Title	Email Address
8.	_____	_____	_____
	Name	Title	Email Address
9.	_____	_____	_____
	Name	Title	Email Address
10.	_____	_____	_____
	Name	Title	Email Address
11.	_____	_____	_____
	Name	Title	Email Address
12.	_____	_____	_____
	Name	Title	Email Address

Please return this official registration form with your dues renewal to start your individual memberships beginning January 1, 2005.

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Home Care & Hospice
PO Box 91486
Washington, DC 20090

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