

National Association for Homecare & Hospice

2005 Provider Member Application



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 Calculate Your Dues

Minimum of \$500 and maximum of \$7,400.

Dues are payable in full unless you choose either of the following options:

	Gross Revenue*	Percent	Dues
Example	\$2,000,000	X .0021	= \$4,200
Calculate Here	\$ _____	X .0021	= \$ _____

Semiannually Calculate your dues, add \$50 for administrative expenses. Send half now and the rest on or before July 1, 2005.

Quarterly Calculate your dues, add \$100 for administrative expenses. Divide by four, sending the first payment now, and the rest on or before April 1, July 1, and October 1, 2005.

Total Amount Enclosed: \$ _____

*Gross revenue equals home care and/or hospice patient care revenue from your most recently completed fiscal year.

3 Choose Your Method of Payment

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

**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, fax (202) 547-3540 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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Washington, DC 20090

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