



Providers must be members of HCP at the State level in order to be eligible for Chapter participation.

New Member

Renewing Member

Organization Name: _____

d/b/a: _____ Year Established: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Main Contact: _____ Title: _____

E-mail Address: _____

Corporate type: (check one) Not-for-profit Proprietary

Chapter 2015-16 Dues

Provider membership for each organization in the Hudson Valley Chapter of the New York State Association of Health Care Providers, Inc. (HCP) includes all related New York State home care corporations, subsidiaries and other entities under common ownership and/or management.

Annual Dues for Hudson Valley Chapter Provider membership are \$250.

Note: First-time members who join mid-year are pro-rated for the remainder of the dues year.

The Hudson Valley Chapter dues year runs November 1 through October 31.

Payment

All members are encouraged to satisfy their dues obligation in entirety at the start of the dues year.

Total Due: _____ Amount Enclosed: _____

Make check payable to: Hudson Valley Chapter of the New York State Association of Health Care Providers, Inc.

Note: Chapter dues are not deductible as a charitable contribution for federal tax purposes, but may be deductible as a business expense as well as an allowable Medicare expense. However, in accordance with Section 13222 of OBRA 1993 (Denial of the Deduction for Lobbying Expenses), 9% of your membership dues are not tax deductible as ordinary and necessary business expenses.

Signature: _____

Title: _____

Thank you for joining the Hudson Valley Chapter. Please be sure to complete both sides of this application and return with payment to: HCP Hudson Valley Chapter, c/o Bernadette Renwick, Family Service Society of Yonkers, P.O.Box 437, Yonkers, New York, 10703. brenwick@fssy.org

Please call with any questions.

- President: Sheila Rabideau, Home Health Services of Westchester Jewish Community Services Inc., 914.761.0600
- Vice President: Fran Schafer, Wellness Home Care, 845.294.8364
- Treasurer: Angela Morfogen, Interim HealthCare of Greater New York, 845.425.2655
- Secretary: Bernadette Renwick, Family Services Society of Yonkers, 914.963.5118 ext.403

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**HCP Hudson Valley Chapter
Provider Application for Chapter Membership 2015-16**

Instructions

Complete this section for each office of your organization where you would like to receive an extra mailing. Please copy this page, complete and attach for any additional locations. Please type or print neatly.

Organization Name: _____
d/b/a: _____ Year Established: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Main Contact: _____ Title: _____
Additional Contact: _____ Title: _____

Should this office receive information sent to all Chapter members?

- Yes (note: information will go to 1st contact) No

What type of office is listed on this form? (check one)

- Corporate Headquarters Franchise Main Office Branch Office
 Recruiting Office Satellite Office Other: _____

What type of provider is listed on this form? (check one)

- CHHA LHCSA LTHHCP Hospice
 Licensure exempt License pending HME/DME Pharmacy
 Special Purpose CHHA AIDS LTHHCP Other: _____

Is this office accredited? (check all that apply)

- JCAHO CHAP Other: _____

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