



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

New Member

Renewing Member

OrganizationName: _____

d/b/a: _____ Year Established: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Main Contact: _____ Title: _____

Email Address: _____

Additional Contact: _____ Title: _____

Email Address: _____

Products & Services

Which categories describe the products or services your company provides to the home care industry? (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> accounting and financial services | <input type="checkbox"/> insurance services |
| <input type="checkbox"/> accreditation services | <input type="checkbox"/> legal services |
| <input type="checkbox"/> allied health organization | <input type="checkbox"/> management consulting |
| <input type="checkbox"/> billing/information systems | <input type="checkbox"/> marketing/advertising services |
| <input type="checkbox"/> brokerage | <input type="checkbox"/> medical product supplier |
| <input type="checkbox"/> computer equipment supplier | <input type="checkbox"/> medical transportation services |
| <input type="checkbox"/> computer software supplier | <input type="checkbox"/> nursing/clinical consulting |
| <input type="checkbox"/> desktop publishing | <input type="checkbox"/> office supplies |
| <input type="checkbox"/> durable/home medical equipment | <input type="checkbox"/> pharmaceutical supplies |
| <input type="checkbox"/> education/training | <input type="checkbox"/> printing services |
| <input type="checkbox"/> employee screening/security | <input type="checkbox"/> publishing |
| <input type="checkbox"/> executive search | <input type="checkbox"/> telecommunications services |
| <input type="checkbox"/> home care medical examinations | <input type="checkbox"/> other (please specify below): |

The Chapter refers home care providers on a daily basis to our Associate/Allied members. To better educate us on the products and services you provide, please enclose materials (sales brochures, pamphlets, etc.) regarding your company. Only one copy of each is needed.

HCP Hudson Valley Chapter Associate & Allied Application for Chapter Membership 2015-16

Associate/Allied Chapter Membership

Associate and Allied members are in a non-voting classification of membership in the Chapters of the New York State Association of Health Care Providers, Inc. (HCP). All other rights and privileges of membership are the same for both voting and non-voting members.

Associate members consist of corporations, law and accounting firms, consulting firms, firms supplying durable medical equipment and medical supplies, insurance companies and other business entities which are not otherwise eligible for voting membership.

Allied members consist of health related organizations, educational institutions and other entities with an interest in the field of home care, but who do not provide home care services and are not otherwise eligible for voting membership.

Chapter Associate/Allied Member 2015-16 Dues

Hudson Valley Chapter Associate/Allied member dues are \$150 per year.

Chapter dues year runs from November 1st – October 31st. Associate/Allied members are required to pay their full dues at the start of the dues year. Associate/Allied dues are not pro-rated.

Payment

Total Due: _____ Amount Enclosed: _____

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

Signature: _____

Title: _____

Date: _____

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.

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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