

New Member Renewal Date: _____

HCP Associate Membership Dues

This application is for annual HCP membership at the State level. **Associate members must be members of HCP at the State level in order to be eligible for local HCP Chapter membership.**

Associate membership is available to organizations that provide products and services to Provider members. Associate members enjoy full HCP membership benefits and have direct access to all HCP members. HCP supports Associate members by offering member rates and discounts at conferences and other events, as well as sponsorships and advertising opportunities to promote their products and services. Any vendor that joins as an HCP Associate member that has an affiliated home care agency may NOT provide HCP Member benefits to their affiliated agency(s), including distribution of HCP e-publications, Member Alerts and other HCP communications. The affiliated home care agency(s) must join HCP as a Provider member and pay dues based on their agency's revenues as indicated on the HCP Provider membership contract.

2016/17 HCP Associate Member Dues: \$1,350 per year

HCP Membership is for one full year, November 1, 2016 – October 31, 2017. Associate member dues are NOT prorated.

NOTE: HCP dues are not deductible as a charitable contribution for Federal tax purposes, but may be deductible as a business 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.

2016/17 HCP Associate Member Dues: \$1,350 per year

Organization Name _____

Type of Business _____

Address _____

City/State/Zip _____

Main Phone _____

Main Fax _____

Key (Main) Contact/Title _____

Email _____

Phone _____

Additional Membership Contact/Title _____

Email _____

Phone _____

Contract Agreement and Signature

Membership and its benefits will not be granted if signed contract and payment are not received. Renewing HCP Associate members must be members in good standing at the State level and all dues must be paid in order to participate in HCP Chapter programs and events.

I agree to satisfy my dues obligation according to the terms of this contract, and I agree to receive information and announcements from HCP and its affiliates via fax and email.

Print Key Contact Name: _____

Key Contact Signature: _____

Date: _____

Associate Member Products and Services

Please select all of the products or services below that your company provides to the home care industry. These selections will be featured in the online Associate Member Directory on the HCP website that helps HCP provider members find products and services for their organizations.

- | | |
|--|---|
| <input type="checkbox"/> Accounting services | <input type="checkbox"/> Managed care |
| <input type="checkbox"/> Accreditation services | <input type="checkbox"/> Management consulting |
| <input type="checkbox"/> Billing services | <input type="checkbox"/> Marketing/advertising services |
| <input type="checkbox"/> Brokerage | <input type="checkbox"/> Medical products supplier |
| <input type="checkbox"/> Communications services | <input type="checkbox"/> Medical transportation services |
| <input type="checkbox"/> Durable/home medical equipment | <input type="checkbox"/> Mergers & acquisitions |
| <input type="checkbox"/> Education/training | <input type="checkbox"/> Nursing/clinical consulting |
| <input type="checkbox"/> Employee screening | <input type="checkbox"/> Office supplies <input type="checkbox"/> |
| <input type="checkbox"/> Executive search | <input type="checkbox"/> Personal Emergency Response Systems (PERS) |
| <input type="checkbox"/> Financial services | <input type="checkbox"/> Pharmaceutical supplies |
| <input type="checkbox"/> Home care consulting | <input type="checkbox"/> Printing services |
| <input type="checkbox"/> Home care medical examinations | <input type="checkbox"/> Publishing |
| <input type="checkbox"/> Information systems | <input type="checkbox"/> Telecommunications services |
| <input type="checkbox"/> Information management consulting | <input type="checkbox"/> Therapies |
| <input type="checkbox"/> Insurance services | <input type="checkbox"/> Website design |
| <input type="checkbox"/> Investment services | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Legal services | |

HCP Dues Payment

Please choose **ONE** payment option:

CHECK (payable to HCP)

Full Semi-annual

CREDIT CARD (please complete credit card section below)

Full Semi-annual automatic*

Amount enclosed: _____

Payment plans are available as a courtesy. **Members remain obligated for the entire dues amount.** Members that do not submit payments within 15 business days of the due date as established by the payment plan will have their HCP membership suspended until full payment is received. Signature on this contract constitutes agreement with this policy.

***Automatic credit card payments will be charged 5 business days prior to the due date so payments can be fully processed by the due date. Members with automatic payments will NOT receive an invoice prior to the due date; a receipt will be sent after the payment has been applied.**

Credit Card: Visa Master Card Discover AMEX

Card Number _____

Expiration Date (MM/DD) _____ Security Code _____
(3-4 digit code on front/back of card)

Print Cardholder Name _____

Cardholder Signature _____