Associate Member Contract 2022-23

☐ New Member ☐ Renewal Date: _____

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.

Associate members must be members of HCP in order to be eligible for local HCP Chapter membership.

2022-23 Associate Member Dues: $1,660 per year

Membership is for one year, November 1, 2022– October 31, 2023. Associate member dues will NOT be 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.

_____
Organization Name

_____
Type of Business

_____
Address

_____
City/State/Zip

_____
Main Phone

_____
Main Contact/Title

_____
Email

_____
Website

_____
Are you interested in participating in regional chapters?

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.

Sign & 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.

- ☐ Accounting services
- ☐ Accreditation services
- ☐ Billing services
- ☐ Brokerage
- ☐ Communications services
- ☐ Durable/home medical equipment
- ☐ Education/training
- ☐ Employee screening
- ☐ Executive search
- ☐ Financial services
- ☐ Home care consulting
- ☐ Home care medical examinations
- ☐ Human Resources Management
- ☐ Information management consulting
- ☐ Information systems
- ☐ Insurance services
- ☐ Investment services
- ☐ Legal services
- ☐ Managed care
- ☐ Management consulting
- ☐ Marketing/advertising
- ☐ Medical products supplier
- ☐ Medical transportation
- ☐ Nursing/clinical consulting
- ☐ Office supplies
- ☐ Payroll Services
- ☐ Personal Emergency Response Systems (PERS)
- ☐ Pharmaceutical supplies
- ☐ Printing services
- ☐ Publishing
- ☐ Software & Technology

Please specify

- ☐ Telecommunications
- ☐ Therapies
- ☐ Wage Parity
- ☐ Website design
- ☐ Other (please specify)

_____

HCP Dues Payment *Please choose ONE payment option*

☐ **Check (PREFFERED, payable to HCP)**
☐ Full ☐ Semi-annual

☐ **Bank to Bank Transfer (EFT) (PREFERRED)**
☐ Full ☐ Semi-annual Routing # 221371372
Checking Acct. # 128006269

☐ **Credit card** (please complete credit card section below)
☐ Full ☐ Semi-annual automatic*

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.

Amount enclosed: _____ Type of card: _____

Card Number_____

Expiration Date (MM/DD)_____ Security Code_____

Print Cardholder Name _____

Cardholder Signature_____

Please scan & email to hcp@nyshcp.org, or send by mail to HCP, 20 Corporate Woods Blvd., 2nd Floor, Albany, NY 12211