

Alaska

HOME CARE AND HOSPICE ASSOCIATION 2015 DUES

January 21, 2015

MEMBERSHIP INFORMATION

***DIRECT SERVICE PROVIDER AGENCY or PROGRAM* Dues: \$450.00/yr**

Any organization whose primary purpose is to provide skilled home care services, including hospice services, and which is licensed by the State of Alaska, or certified by Medicare/Medicaid to provide home care services

***ALLIED PROVIDER:* Dues: \$450.00/yr**

Any organization whose primary purpose is to provide medical supplies or equipment to clients for use in the home

OR

Any organization whose primary purpose is to provide personal care, waiver or social services in the home setting

OR

Any organization interested in the promotion of home care services to include vendors, consultants, educational services and other healthcare organizations.

***INDIVIDUAL PROVIDER* Dues: \$ 100.00/yr**

Any individual interested in the purpose of the corporation and not eligible in any other member category. Individuals from member agencies may join under this category

MEMBERSHIP APPLICATION

Requests membership in category:

{ } Direct Service Provider { } Allied Provider { } Individual Member

Agency: _____

Address: _____

E-mail: _____

Phone#: _____

Fax#: _____

Signature/Date: _____

Make check payable to: Alaska Home Care and Hospice Association
Mail check, and a copy of your agency license or certification **IF** changed or updated in 2014, to:

Alaska Home Care and Hospice Association
3701 E Tudor Road, Suite 208
Anchorage, Alaska 99507