



Associate Membership

An Associate Member is a business that supplies goods and/or services for compensation to home care, personal service and hospice agencies, or their patients, but does not supply in-home personnel. Associate Members shall not have voting rights, shall not hold office or serve as an officer or Director of the Corporation nor chair any standing committee of the Corporation.

Associate Membership Levels:

- Standard Associate Membership \$ 610
Classic Associate Membership \$2120
Premium Associate Membership \$5305

Please review the enclosed letter for eligible benefits under each membership level.

Step One: Company Information

Contact Person (Person designated to receive mailings):

Provider/Company Name:

Mailing Address:

City: State: Zip:

Phone: Fax:

Toll Free Phone: Individual Contact Email:

Company Info Email: Website:

Please check the type of products/services available to home health agencies:

- Accounting, Advertising Specialties, Billing Services, Clinical Laboratory, Collections/Recovery, Compliance Programs, Consulting*, Employee Benefits, Other, Insurance, Information Technology/Information Systems, IV Support/Infusion, Legal, Medical Supplies & Equipment, Medical Social Services, OASIS/Clinical Pathways, Pediatric Products, Pharmaceuticals, Printing & Forms, Risk Management, Software & Support, Staff Development & Training, Staff Leasing, Therapy Services

*Note: If a consulting firm, please check what type of consulting service(s) your company provides:

- Accreditation, Billing, Telehealth, Clinical, Compliance, Other, Financial, Hospice, Information Technology/Information Systems, Management, Mergers & Acquisitions

Step Two: Electronic Version of the iWeekly

Your company can receive the iWeekly electronically and save time and money! The electronic version of the iWeekly can be delivered to as many of your staff as you request. Please fill in the name and email address of the person(s) who would like to receive the iWeekly via email. If you need additional space please send on a separate sheet.

Name E-Mail
Name E-Mail
Name E-Mail
Name E-Mail

Step Three: Dues Amount

- Standard Associate Membership \$ 610
 Classic Associate Membership \$2120
 Premium Associate Membership \$5305

Note: Contributions to IAHC are not deductible as charitable contributions for federal income tax purposes. However, 88% of your dues payment is deductible as an ordinary and necessary business expense. The Omnibus Reconciliation Act of 1993 provided that a taxpayer would no longer be able to deduct lobbying expenses. For IAHC members, this means that the portion of dues directed to lobbying expenses is not deductible by the member/taxpayer. For 2018, we estimate this to be 12% of your dues payment.

Step Four: Sign and Submit Application

Signature Required

By this signature, I verify that the information provided on this application form is, to the best of my knowledge, correct. I understand that the membership benefits that we receive are only to be used by the company/provider listed in Step One and its employees. Furthermore, I understand that these benefits may not be transferred to another licensed agency or business, which does not hold membership in this association. Any misuse of membership rights and benefits may result in the termination of our membership. I am aware that information on contacting my company will be available for viewing by the public on the IAHC website.

FCC Communication Consent: I understand that by providing my mailing address, email address, telephone number, and fax number, I consent to receive communications via regular mail, email, telephone and/or fax sent by or on behalf of Indiana Association for Home & Hospice Care (IAHC).

Administrator or Contact Person

Date

Step Five: Payment Information (Payment MUST Accompany Application)

Payment Summary

- 2018 Membership Dues from Step Three above \$ _____
 Optional: I would like to make a contribution to the *Hoosiers Helping Home & Hospice Care PAC* for Political Action & Public Education \$ 50
TOTAL AMOUNT DUE \$ _____

Method of Payment

- Check (Made payable to IAHC)
 Visa MasterCard

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: ____ / ____ Security Code: ____

Card Holder's Signature: _____

Send completed application with check payable to: IAHC
6320-G Rucker Road
Indianapolis, IN 46220

Fax completed application with credit card payment to: (317) 775-6674

Register & pay on-line at: www.iahhc.org

If you have questions regarding Associate Membership, please contact the IAHC Office at (317) 775-6675.

For IAHC Use Only

Date Paid ____ / ____ / 20____ Check Number _____

Amount Paid \$ _____ CC Authorization _____



IAHHC

Indiana Association for Home & Hospice Care

6320-G Rucker Road ♦ Indianapolis, IN 46220

Tel: (317) 775-6675 ♦ Fax: (317) 775-6674 ♦ Web: www.iahhc.org

Associate Membership Levels

Membership Benefits	Standard Associate	Classic Associate	Premium Associate
Included in all ongoing member education and communication	X	X	X
Free consultation	X	X	X
Access to RCTC	X	X	X
Logo on website	X	X	X
Printed & online search/member directory	X	X	X
Free listing in the <i>Home Care & Hospice Guide</i>	X	X	X
Access to member list	X	X	X
Participate in committees	X	X	X
Purchase ads & article in newsletters	X	X	X
Reduced rate at conference	X	X	X
Credit towards conference sponsorship		X	X
Conference booth space		X	X
Sponsorship of a 1-day class		X	
Sponsorship of a 2-day class			X
Sponsorship of 3 days from our educational offerings			X
Participate in Webinars		X	X
Membership Dues	\$610	\$2120	\$5,305

For more information regarding Associate Membership and the various membership levels, contact Michelle Stein-Ordonez, Membership Services Director, at (317) 775-6672 or michelle@iahhc.org.