



# Indiana Association for Home & Hospice Care 2023 Associate Affiliate Membership Application

## Associate Affiliate Membership:

An Associate Affiliate Member is an entity that does not supply in-home personnel and does not supply goods or services for compensation to home care agencies, hospices, or their patients, but is interested in home care. This category includes a non-profit association or community organization. Affiliate 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 Affiliate Membership Benefits:

- Receive a reduced rate to exhibit at the 2023 Annual Conference, **The IAHHC Annual**, to be held at the [Embassy Suites by Hilton Plainfield Indianapolis Airport](#) on May 9<sup>th</sup> and 10<sup>th</sup>.
- Submit your company logo to be featured in rotation on IAHHC's website, [www.iahhc.org](http://www.iahhc.org).
- Receive a listing in the Associate Member directory on the IAHHC website (for members looking for goods/services) as well as in the printed version mailed to each new and renewing IAHHC member.
- Purchase ads and submit articles for the **iWeekly**, IAHHC's weekly e-newsletter.
- Access the IAHHC member mailing list.
- Participate in IAHHC committees alongside agency members.

## 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 Work Email:** \_\_\_\_\_

**Company E-Mail:** \_\_\_\_\_ **Website:** \_\_\_\_\_

## Step Two: Electronic Version of the iWeekly

Your company can now 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 \_\_\_\_\_

Name \_\_\_\_\_ E-Mail \_\_\_\_\_

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## Step Three: Dues Amount

Associate Affiliate Membership

\$420

**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 2023, we estimate this to be 12% of your dues payment.

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## 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

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## Step Five: Payment Information

### Payment Summary

TOTAL AMOUNT DUE     \$ 420

### Method of Payment

Check (Made payable to IAHC)

Visa

MasterCard

American Express

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

Security Code: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

Billing Address: : \_\_\_\_\_

**Send completed application and 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](http://www.iahhc.org)

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

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### For Office Use ONLY

Date Paid     \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_     Check Number     \_\_\_\_\_

Amount Paid     \$ \_\_\_\_\_     CC Receipt     \_\_\_\_\_