



Home Care & Hospice Financial Managers Association Membership Application

New Member

Renewal

NAHC membership is a prerequisite to joining HHFMA

Member ID (if known): _____

Primary Contact Name and Title

Primary Contact Email Address

Agency / Organization Name

Address

City/State/Zip

Telephone Number

Fax Number

Company Web Address

Social Media Used: Facebook Twitter LinkedIn Youtube

2018 Home Care & Hospice Financial Managers Association Dues:

Please list each individual so they can start receiving benefits immediately. Please attach additional pages if necessary.

(HHFMA membership is \$100 per individual.)

Name: _____ Title: _____ Email: _____

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**If you have any questions, please contact
Membership at membership@nahc.org**

Please send this form and payment by:

Fax: 202-547-3660

**Mail: NAHC BANK LOCK BOX,
PO Box 37558, Baltimore, MD 21297-3558**

Please do not send this form via email

Association dues payments, to NAHC or otherwise, are not tax deductible as charitable contributions, Sections 501(c)5 and (c)6. The Internal Revenue Code limits the amount of business expense deductions for dues paid to an association that engages in lobbying activities even if dues are not used for lobbying; the amount excluded for 2018 is 15% based on IRS criteria.

Total Payment Enclosed

\$

Check Enclosed

Check Number: _____

Visa

Master Card

American Express

Discover

Credit Card Number

Expiration Date

Print name as it appears on card

Billing Zipcode

Signature of Cardholder