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

2017 Home Care & Hospice Financial Managers Association Membership Dues	2017 Dues
Payment in Full for 2017	$_____
All dues amounts are annual calendar based and non-refundable. You must be a NAHC Member to join this group.	
NAHC Associate Members get a FREE membership in the Home Care & Hospice Financial Managers Association. Additional HHFMA memberships are available at an additional $100 per individual.	
Please note additional memberships below:	
☐ Name: _____ Title: _____ Email: _____	$100.00 each
☐ Name: _____ Title: _____ Email: _____	
☐ Name: _____ Title: _____ Email: _____	
☐ Name: _____ Title: _____ Email: _____	
☐ Name: _____ Title: _____ Email: _____	
Name: _____ Title: _____ Email: _____	
Total Payment Enclosed	**$**_____

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

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 2017 is 15% based on IRS criteria.

Payment Information:

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