



AFFILIATE MEMBERSHIP APPLICATION

Company Name: _____

Contact Name: _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Website Address: _____
(AHHC sends newsletters, alerts, and other correspondence through email)

Phone: () _____ Fax () _____

Services Provided: (Type or print a brief description of the services your company provides. Please limit description to 50 words or less.)

Company Type: (Please check only ONE response)

- | | | |
|---|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Medical Equipment/Supplies |
| <input type="checkbox"/> Accrediting Organization | <input type="checkbox"/> Insurance | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Computer Services | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Printing |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Education | <input type="checkbox"/> Managed Care | <input type="checkbox"/> Telemedicine |
| | <input type="checkbox"/> Mergers and Acquisitions | |

Method of Payment (Annual Membership Dues are \$600)

Enclosed is a check, payable to AHHC in the amount of \$ _____

Please charge \$ _____ to my credit card.

- Visa MasterCard Discover American Express

Credit Card # _____ Exp. Date: _____ Security Code _____

Address of Cardholder (Include Zipcode) _____

Name as it appears on card: _____

Signature as it appears on card: _____

Return completed form to:
Association for Home & Hospice Care of North Carolina
3101 Industrial Drive, Suite 204, Raleigh, NC 27609
Telephone: 919-848-3450 ♦ Fax: 919-848-2355
E.mail: judypenn@homeandhospicecare.org ♦ Website: www.homeandhospicecare.org