



Association for  
**Home & Hospice Care**  
of North Carolina

**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. This will be used in our online *Directory*)**

: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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"/> Other _____                |

**Method of Payment (Annual Membership Dues are \$500)**

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: \_\_\_\_\_

Address of Cardholder: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_