



# Home Care & Hospice Financial Managers Association 2009 Membership Application

228 Seventh Street, SE, Washington, DC 20003 • (202) 547-7424

Please print or type clearly.

## 1. Provide Your Information

|                       |             |
|-----------------------|-------------|
| CEO Name              | Email       |
| Name                  | Title       |
| Organization Name     |             |
| Address               |             |
| City, State, Zip code |             |
| Telephone Number      | Fax Number  |
| Email Address         | Web Address |

**2. Dues Calculation\*** There are two categories of dues in HHFMA, the first is applicable to independent professionals who work for CPA or Consulting Firms. The second is available to CFO's, COO's, CEO's or other personnel who work for home care agencies or hospices. In both cases membership in NAHC is a precondition of belonging to HHFMA. Please choose the appropriate category, A or B.

**A. Consultants:** If you are a consultant or work for an independent CPA firm or other professional organization providing consulting, strategic planning, financial or management services your yearly membership is \$425 for the first two individuals from the same firm and \$212.50 for every individual thereafter. In other words, \$425 for HHFMA consultant members 1 and 2 from the same firm, \$212.50 for members 3, 4, etc.. NAHC Associate Member dues applicable to such organizations are \$1000 a year.

|   |                                 |
|---|---------------------------------|
|   | <b>Dues</b>                     |
| 1. Name of Member: _____ Email Address: _____                           | \$425 <input type="checkbox"/>  |
| 2. Name of Member: _____ Email Address: _____                           |                                 |
| NAHC Associate Membership: We are not yet members but would like to be! | \$1000 <input type="checkbox"/> |

**B. CFO's, COO's, CEO's with Provider agencies.** Assuming your agency is a NAHC member in good standing, membership in HHFMA is available for \$100 a year for the first individual and \$90 for each person who joins thereafter.

|   |                                |
|---|--------------------------------|
|   | <b>Dues</b>                    |
| 1. Name of Member: _____ Email Address: _____ | \$100 <input type="checkbox"/> |
| 2. Name of Member: _____ Email Address: _____ | \$90 <input type="checkbox"/>  |

**Total Dues Payment** \_\_\_\_\_

**3. Choose your method of payment:** Either mail this form along with your check to HHFMA – P.O. Box 91486, Washington, DC 20090 *or* Fax it to (202) 547-3660 along with **authorization to charge your credit card:**

VISA  MC  AMEX  DISCOVER

Credit Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

\* HHFMA dues payments are not tax deductible as charitable contributions under notice 88-120 Sections 501[c]5 and [c]6, but may be deductible as a business expense to the extent allowed by the law. Please include additional members on a separate sheet. NAHC membership is based on a calendar year: dues are non-refundable.