



Home Care & Hospice Financial Managers Association 2008 Membership Application

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

Please print or type clearly.

1. Provide Your Information

Name _____

Title _____

Organization Name _____

Address _____

City, State, Zip code _____

Telephone Number _____ Fax Number _____

Email Address _____ World Wide Web Address _____

The email address where I would like to receive my HHFMA electronic newsletter is: _____

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 member and \$400 for each member of your firm or company who joins thereafter. NAHC Associate Member dues applicable to such organizations are \$1000 a year.

	Dues
1. Name of Member: _____ Email Address: _____	\$425 <input type="checkbox"/>
2. Name of Member: _____ Email Address: _____	\$400 <input type="checkbox"/>
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.

	Dues
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.*