



# Home Care & Hospice Financial Managers Association 2010 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:

\* Association dues payments, to NAHC or otherwise, are not tax deductible as charitable contributions, Sections 501[c]5 and [c]6. Membership is based on the calendar year; dues are nonrefundable. 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 2010 is 10% based on IRS criteria.