



VIRGINIA ASSOCIATION FOR HOME CARE AND HOSPICE

Advocacy. Education. Guidance.

2018 ASSOCIATE MEMBER REGISTRATION FORM

Virginia Association for Home Care (VAHC)
3761 Westerre Parkway, Suite B
Henrico, VA 23233

Phone: 804-285-8636
Email: VAHC@VAHC.ORG
Fax: 804-288-3303

Basic Membership:

Listed in Membership Directory
Group Purchasing Opportunities
Advertisement Opportunities
Network at Free Regional Meetings
Regulatory & Legislative Updates
Serve on VAHC Board of Directors or Committees
Voting Rights

Premium Membership:

Everything Basic Membership offers, plus:
Listed in all monthly Newsletters -Free of Charge
50% off Newsletter & Brochure Ads
Virtual Tradeshow at www.vahc.org

Company Name: _____
Mailing Address: _____

City, State, Zip _____
Representative: _____
Title: _____
Phone: _____ Fax: _____
Email: _____ Web: _____

Regular Membership \$550	Premium Membership \$950
Payment Schedule	Annual (Due Jan. 1) Amount Enclosed <input type="text" value="\$"/>
Method of Payment (Select One)	<input type="checkbox"/> Check <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard
Credit Card Number	_____
Expiration Date	_____ CSC# _____
Name on Card	_____
Address	_____
Signature	_____ Date _____

Per IRS section 6033 (e): 19.9% of your membership dues are not deductible as business expenses because they relate to VAHC's lobbying expenses.

VAHC 2018 ASSOCIATE MEMBER INFORMATION FORM

Associate Member: An organization that provides services and/or products to home care providers.

COMPANY _____

Voting Contact _____

Address _____

City, State Zip _____

Telephone _____ **Fax** _____

Email Address _____

Website: _____

Circle all descriptions that apply:

Accounting
Billing Collections
Information Systems
Consulting
Employee Benefits
Infusion Therapy
Insurance

Legal
Marketing
Medical Supplies/Equipment
Personal Response Systems
Personnel Scheduling/Payroll
Pharmacy Supply
Quality Improvement Organization

Other (Specify)

Submit a Brief Summary of Services and/or Products Below: