



**2020 ASSOCIATE MEMBERSHIP
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

\$

Method of Payment
(Select One)

_____ Check

_____ VISA

_____ MasterCard

Credit Card Number _____

Expiration Date _____

CSC# _ _ _ _

Name on Card _____

Address _____

Signature _____

Date _____

Per IRS section 6033 (e): 9% of your membership dues are not deductible as business expenses because they relate to VAHC's lobbying expenses.

VAHC 2020 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: