



HOME CARE ALLIANCE
of MASSACHUSETTS

www.thinkhomecare.org

INDIVIDUAL MEMBERSHIP APPLICATION

Membership Year Ending June 30, 2011

ELIGIBILITY: *INDIVIDUAL MEMBERSHIP is open to 1) any sole proprietor who services the home care industry, 2) Any individual actively affiliated with an Agency Member or Allied Member, or 3) Any other individual, provided they are not affiliated with a non-member organization that is eligible for Agency or Allied membership. Any educational institution may have a designated representative join as an Individual Member.*

Your Information

Name _____ Title _____

Company Name (if applicable) _____

Mailing Address _____

Telephone # _____ Toll Free # _____

Fax # _____ Email Address _____

Web Site _____

Benefits of Membership

Annual Membership **\$220**

Includes:

- Subscriptions to *Newsday and Update*
 - One free help wanted ad
 - Discounted member rates for conferences, exhibits, and advertising
 - Listing in annual directory and on website.
- With optional tax-exempt contribution to the Foundation for Home Health, Inc. **\$50**
- Total \$ _____**

Method of Payment

Encl. Check MasterCard Visa AMEX

Credit Card Number: _____ - _____ - _____ Exp. Date: _____

Security code: _____ Name on card: _____

Signature : _____ Exp Date ____ / ____

Service Categories

Please select the types of services you provide; you may elaborate in the large box in the middle of this page:

- | | |
|--|--|
| <input type="checkbox"/> Accounting/Financial Consulting | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Benchmarking | <input type="checkbox"/> Managed Care |
| <input type="checkbox"/> Billing and Collections | <input type="checkbox"/> Management Consulting |
| <input type="checkbox"/> Clinical Consulting | <input type="checkbox"/> Marketing/Advertising |
| <input type="checkbox"/> Education and Training | <input type="checkbox"/> Medical Supplies & Equipment |
| <input type="checkbox"/> Employee Benefits | <input type="checkbox"/> Personal Emergency Response Systems |
| <input type="checkbox"/> Human Resources Consulting | <input type="checkbox"/> Staffing/Recruitment |
| <input type="checkbox"/> Information Systems | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Insurance Services | <input type="checkbox"/> Telehealth |

Service Description

Please describe the services you offer in **200 characters** — including spaces — or less:

Dues are payable in full with your membership application. If you have questions, please call Member Services Coordinator Tom Meyer at (617) 482-8830 or (800) 332-3500. Please send your application, with payment, to:

Home Care Alliance of Massachusetts, Inc.
31 St. James Ave., Suite 780
Boston, MA 02116
Fax: (617) 426-0509

Contributions or gifts to the **Foundation for Home Health, Inc.**, are tax deductible as charitable contributions for income tax purposes. Contributions and dues to the **Home Care Alliance of Massachusetts, Inc.**, are NOT tax deductible as charitable contributions for income tax purposes. However, dues payments may be tax deductible as an ordinary and necessary business expense subject to restrictions imposed as a result of Alliance lobbying activities. The Home Care Alliance of Massachusetts, Inc., has calculated that eighty-one (81) percent of member dues for 2009/2010 are tax deductible. Nineteen (19) percent of dues are allocable to lobbying activities and are not tax deductible.