

2008 Associate Member Application



Associate Members include providers of services related to home health care - including but not limited to: durable medical equipment and supply companies, computer software companies, and consulting firms.

Company _____

Address _____

City/State/Zip _____

Main Phone _____

Toll Free # _____

Fax _____

Website _____

A list of roles has been established to ensure that the information HCA sends out is forwarded to the appropriate contact person. Please note that one staff person may be the contact for multiple roles listed below.

ROLES

DESCRIPTION

- | | |
|-------------------|--|
| Main Contact | List the person whom you want to be the main contact from your company - limited to one person. |
| Directory Contact | List the person whom you want printed in the HCA Membership Directory - limited to one person. |
| Billing Contact | List the person whom should receive billing information - limited to one person. |
| NY Sales Contact | List the person whom is the sales contact for New York from your company. |
| Exhibitor Contact | List the person(s) to whom all exhibitor/trade show information should be directed. |

Please check all that apply:

- Main** (only 1 person)
- Directory** (only 1 person)
- Billing** (only 1 person)
- NY Sales**
- Exhibitor**
- Address same as above*

Name _____
Title _____
Direct Line _____ Fax _____
Email _____
Address _____

Please check all that apply:

- Main** (only 1 person)
- Directory** (only 1 person)
- Billing** (only 1 person)
- NY Sales**
- Exhibitor**
- Address same as above*

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