

Agency Name: _____

CEO/Authorized Rep: _____

Address: _____

City/State/Zip: _____, _____

Email/Direct Phone: _____

Main Phone/Fax: _____

Three Membership Options: Please select one of the following three packages for HCA Membership/Dues

1 Package One – Full HCA Membership

Under this package, County (Sponsored) Programs will pay dues based on patient revenue and the corresponding dues level (see structure below). Benefits include all member benefits, publications, and services provided by the Association.

HCA dues are for a calendar year, based on the agency's total home care patient revenue reported from your most recently completed fiscal year. If an agency has affiliated entities, the agency must add the revenue of all affiliates to the agency's revenues to determine the total home care patient revenue. **Mandatory inclusion of the agency's audited, consolidated, financial statement, including the functional schedule (related to home care) must be included with this application.** HCA will not disclose this information for any purpose to any party outside the Association.

Step 1: Determine Total Revenue

Please show the following to determine your Total Revenue:

	Patient Revenue	NYS Operating Certificate #	Agency Name
<input type="checkbox"/> CHHA	\$ _____	_____	_____
<input type="checkbox"/> LTHHCP	\$ _____	_____	_____
<input type="checkbox"/> LHCSA	\$ _____	_____	_____
<input type="checkbox"/> Home Attendant	\$ _____	_____	_____
<input type="checkbox"/> MLTC/PACE	\$ _____	_____	_____
<input type="checkbox"/> Hospice	\$ _____	_____	_____
<input type="checkbox"/> Other Affiliates	\$ _____	_____	_____

Total Revenue: \$ _____

Step 2: Calculate Dues

Total Patient Revenue Scale

- \$150,000,001 or greater
- \$50,000,001 to \$150,000,000
- \$30,000,001 to \$50,000,000
- \$21,000,001 to \$30,000,000
- \$11,000,001 to \$21,000,000
- \$5,000,001 to \$11,000,000
- \$1,000,000 to \$4,999,999
- Under one million

Dues Amount

- \$46,000
- \$32,000
- \$17,500
- \$16,500
- \$13,700
- \$12,750
- \$ 7,750
- \$ 3,600

Total 2017 Dues \$ _____

Step 3 – Certify Information

I certify that the above revenue information is true and correct:

Authorized Signature

Title (CEO, Administrator, CFO)

Date



2 Package Two – Subscription and Communication Membership

Under this package, County (Sponsored) Programs will pay \$1,400.00 in annual dues (regardless of patient revenue). Benefits include and are limited to the following:

- Access to HCA communications and publications (such as HCA’s newsletter – *Situation Report*, E-lets).
- Attendance at any free HCA sponsored educational programming (i.e. Regional Meetings, budget Briefing Audio-Conferences).

3 Package Three – Subscription Membership

Under this package, County (Sponsored) Programs will pay \$1,200.00 in annual dues (regardless of patient revenue). Benefits include and are limited to the following:

- Access to HCA communications and publications (such as HCA’s newsletter – *Situation Report*, E-lets).

For questions about your application, please contact Laura Constable, Senior Director of Member Services, at lconstable@hcanys.org or 518-810-0660.

Method of Payment

Our agency _____ selects the following Membership Package for 2016:

	2017 Dues
<input type="checkbox"/> Package One – Full Membership (see previous page for patient revenue and dues calculation)	\$ _____
<input type="checkbox"/> Package Two – Subscription and Communications Membership	\$1,400.00
<input type="checkbox"/> Package Three – Subscription Membership only	\$1,200.00

Pay by Credit Card:

Charge the full 2017 Dues Membership amount shown above to credit card:

VISA <input type="checkbox"/>	MasterCard <input type="checkbox"/>	American Express <input type="checkbox"/>	Discover <input type="checkbox"/>
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Card Number	Expiration Date	Security Code
Printed Name	Authorized Signature	
Address (Including Street Address and City, State and Zip)		

Pay by Check:

- Check will follow for the full 2016 Membership Dues amount noted above, payable to the Home Care Association of NYS and mailed to:
HCA, 388 Broadway, 4th Floor, Albany, NY 12207
- Check enclosed.