

Agency Name: \_\_\_\_\_

CEO/Authorized Rep: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_, \_\_\_\_\_

Email/Direct Phone: \_\_\_\_\_

Main Phone/Fax: \_\_\_\_\_

Firms (consulting, legal, financial, etc.) should use HCA's **Association Member Application**.

**Vendor Members** include national providers of services related to home health care – including but not limited to durable medical equipment, supply companies, and computer software companies.

## Individual Roles and Contact Information

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

Please check if applicable:

- 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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Please check if applicable:

- 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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Please check if applicable:

- 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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Please check if applicable:

- 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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_



