



# Associate Member Dues Application - 2018

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

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

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

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

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

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

National vendors that are selling a product or service to home care agencies should use **HCA's Vendor Application**. **Associate Members** include firms or companies that support home care agencies, such as consulting, legal or financial services.

## 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	List the person whom you want to be the main contact from your company - <b>limited to one person</b> .
Directory Contact	List the person whom you want printed in the HCA Membership Directory - <b>limited to one person</b> .
Billing Contact	List the person who should receive billing information - <b>limited to one person</b> .

Please check if applicable:

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

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

Title: \_\_\_\_\_

Direct Line: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

See next page





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## Services Provided

Please check the categories below that you would like your company listed under in the HCA's membership directory.

- Accreditation Services
- Answering Service
- Billing/Information Systems
- Case Management
- Certified Public Accounting
- Claims Management
- Computer Hardware

### Consulting

- Education
- HIPAA
- Licensure/Start-up
- Managed Care
- Management
- Nursing Practice/Clinical
- OASIS
- Risk Management
- Training

### Disease Management

- CHF
- COPD
- Dementia/Cognitive Issues
- Diabetes
- End Stage Renal Disease
- Maternal / Child Health
- Mental Health
- Wound Care
- Documentation/Nursing Process
- Durable / Home Medical Equipment
- Employment & Benefits
- Executive Search
- Financial Services
- Insurance
- IV Therapy
- Legal Services

- Medical Disposal Products
- Medical Product Supplier
- Occupational Therapy
- Outcome Measurement
- Personal Emergency Response System
- Pharmacy / Pharmaceutical Supplies
- Physical Therapy
- PRI / Screen Assessments
- Publications
- Quality Improvement
- Respiratory Care
- Scheduling
- Software Supplier
- Telehealth
- Telephony
- Other \_\_\_\_\_

## Product/Services Description:

Please provide a 30 word or less description of your products/services to be listed in our printed materials for our trade shows or other publications. Please type or print clearly. If necessary, attach a separate piece of paper with your description.

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## Payment Information

### Associate Member

As an associate member you will receive the following benefits:

- Discounted booth rates for HCA's signature events;
- Advance opportunity to secure exhibit and sponsorship opportunities;
- Your company will also be listed on HCA's website;
- Access to the Members Only section on our website;
- HCA's weekly newsletter, the *Situation Report* and select policy and information e-lets;
- Discounted advertising rates and sponsorship opportunities throughout the year;
- Access to HCA education programs, with opportunities to interact and network with members, and possibly serve as faculty; and
- Discounted booth rates for HCA's signature events.

### Please select one:

- Associate Member Organization  
with Annual Budget Over \$250,000     \$3,700
- Associate Member Organization  
with Annual Budget Under \$250,000     \$1,600

Total: \$ \_\_\_\_\_

### Pay by Credit Card:

Charge the full 2018 Associate Membership Dues amount indicated above to credit card:

- VISA    MasterCard    American Express    Discover
- 

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Printed Name \_\_\_\_\_ Authorized Signature \_\_\_\_\_

Agency Name \_\_\_\_\_ Street Address and City, State, Zip \_\_\_\_\_

### Pay by Check:

- Check will follow for the full 2018 Associate Membership Dues amount indicated above, payable to the Home Care Association of NYS and mailed to: HCA, 388 Broadway, 4<sup>th</sup> Floor, Albany, NY 12207
- Check enclosed.