



Vendor Member Dues Application - 2018

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

- Main Contact
- Directory Contact
- Billing Contact
- NY Sales Contact
- Exhibitor Contact

DESCRIPTION

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

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: _____
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Please check if applicable:

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- Directory (only 1 person)
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