

# Vendor Member Dues Application - 2019



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      | 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 whom should receive billing information - <b>limited to one person.</b>                |
| NY Sales Contact  | List the person who 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 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: \_\_\_\_\_



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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

### Vendor Member - \$2,000

As a Vendor Member you will receive the following benefits:

- Discounted booth rates for HCA's signature events;
- Advance opportunity to secure HCA 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

### Pay by Credit Card:

Charge the full 2019 Vendor Membership Dues of \$2,000 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 2019 Vendor Membership Dues of \$2,000, payable to the Home Care Association of NYS and mailed to:  
HCA, 388 Broadway, 4<sup>th</sup> Floor, Albany, NY 12207
- Check enclosed.