

2023 ASSOCIATE MEMBER DUES APPLICATION



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.

Agency Name: _____
CEO/Authorized Rep: _____
Address: _____
City/State/Zip: _____, _____
Email/Direct Phone: _____
Main Phone/Fax: _____

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.

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 \$4,000
- ☐ Associate Member Organization
with Annual Budget Under \$250,000 \$1,800

Total: \$ _____

Pay by Credit Card:

Charge the full Associate Membership Dues in the amount selected above to credit card:

☐ ☐ ☐ ☐
VISA MasterCard AmEx 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 Associate Membership Dues in the amount selected above, payable to the Home Care Association of NYS and mailed to: HCA, 388 Broadway, 4th Floor, Albany, NY 12207
- ☐ Check enclosed.

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 _____

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

Please fax this completed application to 518-426-8788 or mail to HCA, 388 Broadway, 4th Floor, Albany, NY 12207