

2022

VENDOR MEMBER DUES APPLICATION



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.

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

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.

Pay by Credit Card:

Charge the full 2023 Vendor Membership Dues of \$2,000 to credit card:

VISA MasterCard AmExp 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 2023 Vendor Membership Dues of \$2,000, 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