



Missouri Alliance for HOME CARE

Associate Member Application

Membership Period: July 1, 2020 to June 30, 2021

Complete BOTH sides of this application.

KEY BENEFITS OF MEMBERSHIP

- **Conference Discounts**
- **Referrals**
- **Access to home care companies**
- **Much more**

ELIGIBILITY

Associate Membership is available to any organization interested in home care, but **which does not directly provide products or services to the sick or disabled in their homes.** Associate Members receive many valuable benefits, however they may not serve on the MAHC Board of Directors.

MEMBER INFORMATION: Please list your information exactly as it should be listed with MAHC.

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Contact Person: _____ **Email:** _____

ADDITIONAL DESIGNEES: The person named above will receive all MAHC mailings. Two additional individuals may also receive our electronic newsletter and other communications.

Additional Designee #1 Name: _____

Address: _____ Phone: _____

City/State/Zip: _____ Fax: _____

Email: _____

Additional Designee #2 Name: _____

Address: _____ Phone: _____

City/State/Zip: _____ Fax: _____

Email: _____

CHECK IT OUT! See attached flyer for full details on Associate Member Benefits

OVER →

Tell us about your company's products and services.

Your key benefit – REFERRALS! When inquiries are made for products or services, MAHC Associate Members are the sources to use. For accurate referrals, complete this section to let MAHC know about your products and services.

WHAT IS YOUR COMPANY'S TERRITORY?

- Various counties in Missouri

Please list: _____

- All of Missouri
 Various states in this region of the country

Please list: _____

- National territory

SERVICES YOU PROVIDE: Check all that apply

Please describe and/or expand upon any category as needed.

- Accounting Services
 Computer Services (Complete next section)
 Consulting (be specific): _____
 Insurance/Benefit Plans
 Legal Services
 Patient Care Products
 Other _____

COMPUTER SERVICES/PRODUCTS:

- Clinical software
 Financial software
 Management software
 Home Infusion-specific software
 Home Medical Equipment-specific software
 Hospice-specific software
 Private Duty-specific software
 Telephony / Electronic Visit Verification
 Tele-Health software
 Computer hardware

EDUCATIONAL OFFERINGS:

Are there employees of your company who are qualified and willing to present workshops or conferences for MAHC? Yes No

If yes, Please list the contact information (including email) of these employees:

DUES INFORMATION: Check ONE Category (3% discount if paying by check)

- Category A (self employed) - \$400 Ck/\$412 CC Category B (all others) - \$700 Ck/\$721 CC

Amount of Dues: \$ _____ TOTAL ENCLOSED: \$ _____

If paying by Credit Card, please complete the following information and fax or mail (do not email) —Please print legibly

Name as it appears on card: _____

CC#: _____ Visa MC Discover Am. Express

Billing Address: _____ City, State, Zip _____

Exp. Date: _____ CVC(3 or 4 digit code) _____ Signature: _____

Important Information: MAHC is exempt from income tax under Internal Revenue Code 501(c)(6) as a trade association and, as such, dues and/or contributions to MAHC do not qualify as deductible charitable contributions.

Please Note: Due to congressional action which eliminates the deductibility of lobbying expenses, MAHC reasonably estimates that only **85%** of MAHC membership dues may be deductible as an "ordinary and necessary business expense" for federal income tax purposes. Consult an attorney or tax advisor if you require further information on this law.

Complete BOTH sides of this application & return it with payment to:



Missouri Alliance for HOME CARE

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Jefferson City, MO 65109-4731

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