

2021—2022 MAHC Private Duty/Private Pay Member Dues

- ① **Sites:** One Multiple Sites
- ② **Programs:** One - Private Duty/Private Pay
- ③ **Calculation of Dues:** Determine the Net Operating Revenue for ALL sites you listed. "Net Operating Revenue" includes the most recent fiscal full year's revenues, excluding disallowances, contractual adjustments and non-operating revenues such as gifts, bequests, and donations.

Net Operating Revenue for All Sites listed is: \$ _____

Provider Category		③ Net Operating Revenue			
① Site	② Program	\$0 - \$1 Million	\$1 - \$3 Million	\$3 - \$5 Million	\$5 + Million
<i>One Site</i>	<i>One Program</i>	\$450	\$700	\$950	\$1200
<i>Multiple Sites</i>	<i>One Program</i>	\$600	\$850	\$1100	\$1350

Payment Information: Determine your dues amount using the chart above.

Company Name: _____

Amount of Dues Based on ①, ②, & ③ _____

Less 2% if payment is **paid by check:** _____

Balance Due: _____

Voluntary Round-Up/Increase: _____

TOTAL AMOUNT 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: _____

Verification: I certify that all information provided in the Provider Membership Application is accurate.

Authorized Signature

Title

Date

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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