



ALLIED MEMBERSHIP APPLICATION

Membership Year Ending June 30, 2017

Open to organizations that are either: 1) Vendors of supplies or services to home care agencies, or; 2) Organizations that do not provide home care services but desire to support the industry.

Company Name (required)

Primary Contact Name (required)

Street Address (required)

City, State, Zip (required)

Primary Telephone # (required)

Primary Fax #

Website

Primary Contact E-mail Address (required)

@

Twitter Handle

Publicly Displayed E-mail Address (only if different from Primary)

2nd Contact Name (optional)

2nd Contact E-mail Address (optional)

3rd Contact Name (optional)

3rd Contact E-mail Address (optional)

Services & Company Profile

Please select the types of services you provide:

- | | | |
|---|---|--|
| <input type="checkbox"/> Accounting & Finan. Consulting | <input type="checkbox"/> Employee Benefits | <input type="checkbox"/> Management Consulting |
| <input type="checkbox"/> Benchmarking | <input type="checkbox"/> Home Care Software | <input type="checkbox"/> Marketing & Advertising |
| <input type="checkbox"/> Billing & Collections | <input type="checkbox"/> Home Modification | <input type="checkbox"/> Medical Supplies & Equipment |
| <input type="checkbox"/> Clinical Consulting | <input type="checkbox"/> Human Resources Consulting | <input type="checkbox"/> Pers. Emerg. Response Systems |
| <input type="checkbox"/> Durable Medical Equipment | <input type="checkbox"/> Inform. Systems Consulting | <input type="checkbox"/> Staffing & Recruiting |
| <input type="checkbox"/> Education & Training | <input type="checkbox"/> Insurance Services | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Legal Consulting & Services | <input type="checkbox"/> Managed Care | <input type="checkbox"/> Telehealth |

Please describe your services in 250 **characters** (including spaces) or less to supplement your selections from the checklist above. For reference, the preceding sentence has 130 characters.

Four horizontal lines for text entry.

Membership Options

Allied **Basic** Package (\$750)

- Member discount to exhibit at the annual New England Home Care and Hospice Conference & Trade Show (~\$400 savings; visit www.nehcc.com for details)
- 5% off advertising in the *Home Health Resource Directory* and weekly newsletter, *Update*
- Company listing in our print & online directories, by service lines
- Up to three subscriptions for you and your staff to our weekly e-newsletters
- Ability to participate in Alliance networking groups and e-mail discussion groups
- Ability to run for the Alliance Board of Directors

Allied **Plus** Package (\$1,250)

Includes all the benefits of the **Basic** Package, plus:

- Two complimentary tickets to the Alliance's Innovations Showcase & Annual Meeting
- Priority/First notice to sponsor major Alliance events
- One complimentary guest post on the Alliance's blog
- Any **two** of the following (please indicate):
 - A 20-minute presentation at an Alliance committee/networking group (topic subject to approval; limited number of spots available, first-come, first-served)
 - One Product/Service of the Month spotlight in our educational newsletter
 - Sponsor one online member poll or survey
 - Alliance promotion of one promotional webinar/event offered by your company

Membership Subtotal (from selection above)	\$ _____
Donation to the Foundation for Home Health (optional, tax-deductible) ...	\$ _____
TOTAL MEMBERSHIP PAYMENT (required)	\$ _____

Signature & Payment

To become an allied member, please complete, sign, and send this application by one of the following methods (application is not complete until your payment has been received & successfully processed):

- Mail to the address at the bottom of this page, with an enclosed check
- Fax or e-mail (tmeyer@thinkhomecare.org) the application; we will then contact you within two business days to request a valid Visa, Master Card, Amex, or Discover number.

Signature (required)

Date (required)

Contributions or gifts to the Foundation for Home Health, Inc., are tax deductible as charitable contributions for income tax purposes. Contributions and dues to the Home Care Alliance of Massachusetts, Inc., are NOT tax deductible as charitable contributions for income tax purposes. However, dues payments may be tax deductible as an ordinary and necessary business expense subject to restrictions imposed as a result of Alliance lobbying activities: ninety and two-tenths percent (90.2%) of agency dues for 2016/2017 are tax deductible. Nine and eight-tenths percent (9.8%) of dues are allocable to lobbying activities and are not tax deductible or allowable expenses for Medicare reimbursement purposes.

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