



# INDIVIDUAL/SOLE PROPRIETOR MEMBER Membership Year Ending June 30, 2017

Open to 1) Any sole proprietor who services the home care industry, 2) Any individual actively affiliated with an Agency Member or Allied Member, or 3) Any other individual, provided they are not affiliated with a non-member organization that is eligible for Agency or Allied membership. Any educational institution may have a designated representative join as an Individual Member.

Member Name (required)

Company Name (if applicable)

Street Address (required)

City, State, Zip (required)

Telephone # (required)

Fax #

Website

E-mail Address (required)

Twitter Handle

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

## Benefits of Membership

1. Discounted member rates for conferences, exhibits, and advertisements;
2. Ability to join Alliance networking groups, both in-person and online.
3. Subscription to *Update*, the Alliance's weekly eNewsletter;
4. Listing in the *Resource Directory* and on our website.

<b>Membership Subtotal</b> .....	\$ _____
<b>Foundation for Home Health, Inc. donation</b> (optional, tax-deductible) .....	\$ _____
<b>TOTAL MEMBERSHIP PAYMENT</b> (required) .....	<b>\$</b> _____

## Signature & Payment

To become an Individual 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; **if filling out eForm, do this section last**):

Mail to the address at the bottom of this page, with an enclosed check

Fax or e-mail ([tmeyer@thinkhomecare.org](mailto: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.

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Date (required)

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Signature (required, either digital or physical)

## Service Categories

Please select the types of services you provide. These are simply to help categorize what you do; you may elaborate in the "Service Description" further down this page.

Accounting & Finan. Consulting  
Benchmarking  
Billing & Collections  
Clinical Consulting  
Durable Medical Equipment  
Education & Training  
Legal Consulting & Services  
Employee Benefits  
Home Care Software  
Home Modification  
Human Resources Consulting

Inform. Systems Consulting  
Insurance Services  
Managed Care  
Management Consulting  
Marketing & Advertising  
Medical Supplies & Equipment  
Pers. Emerg. Response Systems  
Staffing & Recruiting  
Telecommunications  
Telehealth

## Service Description

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.

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## Email Groups

The Alliance's email groups allow members to send and receive emails within a closed group of people in their profession. Use them to ask questions and provide answers to your peers. Before joining, please review the discussion group rules and etiquette at <http://www.thinkhomecare.org/email>.

*I have read, understand, and will abide by the Alliance's Email Discussion Group Rules and Etiquette.*

Clinical Directors  
Financial Managers  
Educators  
Home Care Aide Managers  
Hospice Directors  
Human Resource Managers  
Information Systems Managers

Legislative Advocacy  
Public Relations/Public Affairs  
Private Care Group  
QI/QA Managers  
Rehab Managers  
Social Work Managers

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.

Home Care Alliance of Massachusetts, Inc.  
31 St. James Avenue, Ste. 780, Boston, MA 02116  
Ph: (617) 482-8830 • Fax: (617) 426-0509  
[www.thinkhomecare.org](http://www.thinkhomecare.org)