

2022 AHPCO Non Provider Membership Application



ALABAMA

HOSPICE & PALLIATIVE CARE ORGANIZATION

AHPCO values the involvement of all hospice supporters in Alabama. Only together will there be one united voice for Alabama's hospice industry. The 2022 Board of Directors encourages you to become an active member of AHPCO.

Membership Benefits:

As an AHPCO non-provider member, you will be a part of the unified voice of Alabama's Hospice industry, have access to hospice professionals for questions and information, as well as have access to high quality conferences at discounted prices. You will also be notified of and encouraged to attend the quarterly Board of Director meetings where you will have access to the decision makers of Alabama hospice agencies. Also, we offer the opportunity for you to have your website linked to AHPCO's where you may gain even more exposure for your company within the hospice industry.

2022 Application for Non-Provider Membership

Non-Provider Members are corporations, organizations, individuals or other entity that is not a provider or employed by a provider of hospice or palliative services and is supportive of the hospice care concept, philosophy and profession but are not providers of these services. Non-provider membership is not available to organizations that are reimbursed for hospice care and qualify for membership to AHPCO as a Provider Member. **Non-Provider Membership dues are \$250.00** and are for one calendar year, beginning on January 1 and expiring annually on December 31.

Please complete the entire form. Please print clearly or type. For questions regarding this application, please email [Suzie Greer](mailto:Suzie.Greer@alhospice.org) at admin@alhospice.org

A) Non Provider Entity Information

Non Provider's Name:

(Individual/Organization/Company)

Contact Person:

Physical Address:

City/State/ZIP:

Mailing Address:

City/State/ZIP:

Telephone: _____

Fax: _____

Email Address: _____

*Website: _____

*required if purchasing web link benefit

B) Non Provider Entity Details

Please indicate your primary type of business:

- | | |
|--|---|
| <input type="checkbox"/> Accreditation | <input type="checkbox"/> Foundation |
| <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Funeral Home |
| <input type="checkbox"/> Companion Service | <input type="checkbox"/> Government |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Grief/Bereavement Center |

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- | | |
|--|---|
| <input type="checkbox"/> Home Health Agency | <input type="checkbox"/> Religious Organization |
| <input type="checkbox"/> Insurance/Risk Management | <input type="checkbox"/> Research and Education |
| <input type="checkbox"/> Legal Service | <input type="checkbox"/> Skilled Nursing Facility |
| <input type="checkbox"/> Medical Supply / DME | <input type="checkbox"/> Software Vendor |
| <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Staffing Agency/Service |
| <input type="checkbox"/> Publisher | <input type="checkbox"/> Other: _____ |

I want to make the most of my membership and gain access to AHPCO members. Please send me information on the following opportunities:

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Sponsorships |
| <input type="checkbox"/> Exhibits | <input type="checkbox"/> Other: _____ |

Dues Payment and Mailing Instructions

Payment may be made by check or credit card. Membership dues are non-refundable and non-transferable.

Total Annual Dues Enclosed: \$250.00

Please attach your dues payment and return to AHPCO by February 1. **If received after March 1, 2022 a \$50.00 late fee will be applied.**

Additional benefit available for purchase is the opportunity to have your company's link added to the AHPCO Website allowing all member agencies, as well as those browsing our website, to easily find your company and recognize you as a partner of AHPCO. Annual fee is \$250.00 for this added benefit. If business logo is to be added, email logo in jpeg small file and small physical size to suzie.ahpc@gmail.com

Additional Web Benefit Enclosed: \$250.00

Total Amount Enclosed: _____

Payment made by

- Check (Payable to Alabama Hospice Organization) Check# _____
- Visa MasterCard American Express

Card Number:

	Exp. Date:	/	
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Mailing Address of Card:(Print)

Name on Card (Print):

Security Code on card:

Payment made by

Authorized Signature: _____

I hereby certify that my company/organization is not a hospice or palliative care provider and that everything stated in this application is correct and complete to the best of my knowledge.

Signature of person who completed this form: _____

Please print name: _____ Date: _____

Mail to: AHPCO - PO BOX 2631 – Birmingham, AL 35260

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Personal and agency information provided is collected by the AHPCO and may be used for (but not limited to) maintaining membership records, event registrations, correspondence and distributing information about AHPCO, its services and products. Information may be compiled from various sources. Information collected may be used or disclosed for other operational purposes that are consistent with the mission of Alabama Hospice and Palliative Care Organization or as required by law.

The AHPCO communicates membership related notices, benefits and related services in various ways, including telephone, fax, postal mail and electronic mail. As a member, you consent to receive these occasional communications from AHPCO.

The AHPCO occasionally makes its members' contact information available to vendors and others who provide products and services which might be of interest to its membership. If you prefer not to be included in these lists, please check this box.

**Thank you for your Membership in the
Alabama Hospice and Palliative Care Organization!**