

# 2008 Allied Member Application



Voluntary non-profit and public organizations that do not provide home care services directly, but are interested in home care, or out-of-state home care providers, are welcome to join the Association as an Allied Organization member.

Agency/Organization

Address

City/State/Zip

Main Phone

Toll Free #

Fax

Website

Contact

Title

Direct Line

Email

## Please check the appropriate category:

	Category	Dues Amount
<input type="checkbox"/>	Local, Statewide or National not-for-profit Organizations with an annual budget <u>over</u> \$2 Million ( <i>not providing home care services</i> )	\$750
<input type="checkbox"/>	Local, Statewide, or National not-for-profit Organizations with an annual budget <u>under</u> \$2 Million ( <i>not providing home care services</i> )	\$500
<input type="checkbox"/>	Non-Profit Health Insurers and HMOs, or out-of state home health providers	\$750

Total 2008 Dues \$ \_\_\_\_\_

Authorized Signature

Date

## Method of Payment

Charge the full amount to credit card       Visa     Mastercard     American Express     Discover

Card Number

Expiration Date

Printed Name

Authorized Signature

Check will follow for the full amount payable to Home Care Association of NYS

Please fax your application to the renewal fax line at 518.810.0657 or mail to the address below.