

# 2010 ASSOCIATE MEMBER APPLICATION



Associate Members include providers of services related to home health care – including but not limited to: durable medical equipment and supply companies, computer software companies, and consulting firms.

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Main Phone \_\_\_\_\_

Toll Free # \_\_\_\_\_

Fax \_\_\_\_\_

Website \_\_\_\_\_

A list of roles has been established to ensure that the information HCA sends out is forwarded to the appropriate contact person. Please note that one staff person may be the contact for multiple roles listed below.

## ROLES

## DESCRIPTION

- |                   |  |
|-------------------|--|
| Main Contact      | List the person whom you want to be the main contact from your company - <b>limited to one person.</b> |
| Directory Contact | List the person whom you want printed in the HCA Membership Directory - <b>limited to one person.</b>  |
| Billing Contact   | List the person whom should receive billing information - <b>limited to one person.</b>                |
| NY Sales Contact  | List the person whom is the sales contact for New York from your company.                              |
| Exhibitor Contact | List the person(s) to whom all exhibitor/trade show information should be directed.                    |

Please check all that apply:

- Main (only 1 person)
- Directory (only 1 person)
- Billing (only 1 person)
- NY Sales
- Exhibitor
- Address same as above

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Direct Line \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_

Please check all that apply:

- Main (only 1 person)
- Directory (only 1 person)
- Billing (only 1 person)
- NY Sales
- Exhibitor
- Address same as above

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Direct Line \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_

Please check all that apply:

- Main (only 1 person)
- Directory (only 1 person)
- Billing (only 1 person)
- NY Sales
- Exhibitor
- Address same as above

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Direct Line \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_

**Service Provided:** Please check the categories below that you would like your company listed under in the HCA's membership directory.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Accreditation Services      | <u>Disease Management</u>                                 | <input type="checkbox"/> Medical Disposal Products          |
| <input type="checkbox"/> Answering Service           | <input type="checkbox"/> CHF                              | <input type="checkbox"/> Medical Product Supplier           |
| <input type="checkbox"/> Billing/Information Systems | <input type="checkbox"/> COPD                             | <input type="checkbox"/> Occupational Therapy               |
| <input type="checkbox"/> Case Management             | <input type="checkbox"/> Dementia/Cognitive Issues        | <input type="checkbox"/> Outcome Measurement                |
| <input type="checkbox"/> Certified Public Accounting | <input type="checkbox"/> Diabetes                         | <input type="checkbox"/> Personal Emergency Response System |
| <input type="checkbox"/> Claims Management           | <input type="checkbox"/> End Stage Renal Disease          | <input type="checkbox"/> Pharmacy / Pharmaceutical Supplies |
| <input type="checkbox"/> Computer Hardware           | <input type="checkbox"/> Maternal / Child Health          | <input type="checkbox"/> Physical Therapy                   |
| <u>Consulting</u>                                    | <input type="checkbox"/> Mental Health                    | <input type="checkbox"/> PRI / Screen Assessments           |
| <input type="checkbox"/> Education                   | <input type="checkbox"/> Wound Care                       | <input type="checkbox"/> Publications                       |
| <input type="checkbox"/> HIPAA                       | <input type="checkbox"/> Documentation/Nursing Process    | <input type="checkbox"/> Quality Improvement                |
| <input type="checkbox"/> Licensure/Start-up          | <input type="checkbox"/> Durable / Home Medical Equipment | <input type="checkbox"/> Respiratory Care                   |
| <input type="checkbox"/> Managed Care                | <input type="checkbox"/> Employment & Benefits            | <input type="checkbox"/> Scheduling                         |
| <input type="checkbox"/> Management                  | <input type="checkbox"/> Executive Search                 | <input type="checkbox"/> Software Supplier                  |
| <input type="checkbox"/> Nursing Practice/Clinical   | <input type="checkbox"/> Financial Services               | <input type="checkbox"/> Telehealth                         |
| <input type="checkbox"/> OASIS                       | <input type="checkbox"/> Insurance                        | <input type="checkbox"/> Telephony                          |
| <input type="checkbox"/> Risk Management             | <input type="checkbox"/> IV Therapy                       | <input type="checkbox"/> Other                              |
| <input type="checkbox"/> Training                    | <input type="checkbox"/> Legal Services                   |   |

**Product/Services Description:** Please provide a 30 word or less description of your products/services to be listed in our printed materials for our trade shows or other publications. **Please type or print clearly. If necessary, attach a separate piece of paper with your description.**

**Associate Member \$1,250** - As an **Associate** member you receive the following benefits:

- Discounted booth rates for HCA's Annual Meeting and Exhibition, May 19-21, 2010 at The Saratoga Hilton in Saratoga Springs, NY and HCA's Annual Clinical & Technology Conference in the fall;
- Copy of the 2009/2010 Membership Directory & Reference Guide that includes contact information and services for Provider and Associate members;
- Your company will also be listed on HCA's website under *Find an Associate*;
- Access to the members only section on our website;
- HCA's weekly newsletter, ASAP and select policy and information e-lets;
- Discounted advertising rates and sponsorship opportunities throughout the year;
- Access to HCA education programs, with opportunities to interact and network with members, and possibly serve as faculty; and,
- An electronic file of our 2009 provider members upon request.

2010 Dues \$ \_\_\_\_\_

	Authorized Signature	Title	Date
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**Method of Payment**

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

Card Number	Expiration Date	Printed Name	Authorized Signature
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- Check will follow for the full amount payable to Home Care Association of NYS

Please fax your application to the renewal fax line at 518.426.8788 or mail to the address below.

**HOME CARE ASSOCIATION OF NEW YORK STATE**