



Allied Member Dues Application - 2012



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. For questions about your application, please contact Laura Constable, Senior Director of Member Services, at lconstable@hcanys.org or 518-810-0660.

Agency Name (Home Care Parent)

CEO/Authorized Representative

Address

Email

Direct Phone

City/State/Zip

Main Phone

Fax

Step 1 – Select a Category

- Local, Statewide or national not-for profit Organizations with an annual budget OVER \$2 million (not providing home care services). \$1,050
- Local, Statewide or national not-for profit Organizations with an annual budget UNDER \$2 million (not providing home care services). \$1,050
- Non-Profit Health Insurers and HMOs, or out-of-state home health providers. \$1,050

Total Dues: \$ _____

Step 2 – Certify Information

I certify that the above revenue information is true and correct:

Authorized Signature

Title (CEO, Administrator, CFO)

Date

Step 3 – Indicate 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 and mailed to: HCA, 194 Washington Avenue, Suite 400, Albany, NY 12210