



Associate Member Dues Application - 2012



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.

Agency Name (Home Care Parent)

CEO/Authorized Representative

Address

Email

Direct Phone

City/State/Zip

Main Phone

Fax

Website

Individual Roles and Contact Information

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

- Main Contact
- Directory Contact
- Billing Contact
- NY Sales Contact
- Exhibitor Contact

DESCRIPTION

- List the person whom you want to be the main contact from your company - limited to one person.*
- List the person whom you want printed in the HCA Membership Directory - limited to one person.*
- List the person whom should receive billing information - limited to one person.*
- List the person whom is the sales contact for New York from your company.*
- List the person(s) to whom all exhibitor/trade show information should be directed.*

Please check if applicable:

- 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: _____
 Mailing Address: _____

Please check if applicable:

- 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: _____
 Mailing Address: _____

Please check if applicable:

- 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: _____
 Mailing Address: _____

Please check if applicable:

- 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: _____
 Mailing Address: _____

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

See next page



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Services 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 |
| | <input type="checkbox"/> Mental Health | <input type="checkbox"/> PRI / Screen Assessments |
| <u>Consulting</u> | <input type="checkbox"/> Wound Care | <input type="checkbox"/> Publications |
| <input type="checkbox"/> Education | <input type="checkbox"/> Documentation/Nursing Process | <input type="checkbox"/> Quality Improvement |
| <input type="checkbox"/> HIPAA | <input type="checkbox"/> Durable / Home Medical Equipment | <input type="checkbox"/> Respiratory Care |
| <input type="checkbox"/> Licensure/Start-up | <input type="checkbox"/> Employment & Benefits | <input type="checkbox"/> Scheduling |
| <input type="checkbox"/> Managed Care | <input type="checkbox"/> Executive Search | <input type="checkbox"/> Software Supplier |
| <input type="checkbox"/> Management | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Nursing Practice/Clinical | <input type="checkbox"/> Insurance | <input type="checkbox"/> Telephony |
| <input type="checkbox"/> OASIS | <input type="checkbox"/> IV Therapy | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Risk Management | <input type="checkbox"/> Legal Services | |
| <input type="checkbox"/> Training | | |

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.

Payment Information

Associate Member - \$2,500.

As an associate member you will receive the following benefits:

- Discounted booth rates for HCA's Annual Meeting and Exhibition, May 9-11, 2012 at the Saratoga Hilton in Saratoga Springs, NY and HCA's Quality and Technology Conference in the fall;
- Copy of the 2012/2013 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; and
- Access to HCA education programs, with opportunities to interact and network with members, and possibly serve as faculty;

Pay by Credit Card:

Charge the full 2012 Associate Dues Membership amount of \$2,500 to credit card: VISA MasterCard American Express Discover

Card Number _____ Expiration Date _____

Printed Name _____ Authorized Signature _____

Agency Name _____

Pay by Check:

- Check will follow for the full 2012 Associate Membership Dues amount of \$2,500., payable to the Home Care Association of NYS and mailed to: HCA, 194 Washington Avenue, Suite 400, Albany, NY 12210