



## AFFILIATE MEMBERSHIP FORM

AHHCofNC

Please download this PDF document and open in Adobe Acrobat (Reader). Fill out the form, save to your computer and email to [judy@ahhcnc.org](mailto:judy@ahhcnc.org). Thank you.

**To apply for membership please complete all questions below.**

Company Name:		
Company Website Address:		
Contact Name:	Title:	
Company Address:		
City:	State:	Zip Code:
Cell Phone:	Email:	

### **ANNUAL DUES (Choose your options below).**

#### **AHHC Membership Options**

<input type="checkbox"/> \$800	<b>AHHC Membership Includes:</b> <ul style="list-style-type: none"><li>• A basic listing in the AHHC Member Directory (Basic listing in one category (see page 3), includes a brief company description and phone number)</li><li>• A list of Key Members with email addresses</li><li>• Use of our Proud Member logo for your website, social media, and correspondence</li><li>• Discounts on exhibitor fees and enhanced priority booth selection</li></ul>
<input type="checkbox"/> \$250	Add your listing to an additional category in the AHHC Directory
<input type="checkbox"/> \$500	Upgrade your AHHC Member Directory listing to include: a link to your website, your logo, email contact, photo gallery, upload documents, and add a cover image.

#### **SCHCHA Membership Options**

<input type="checkbox"/> \$400	Add \$400 to join SCHCHA when you join AHHC, a \$200 savings! (Basic listing in one category in the SCHCHA Member Directory).
<input type="checkbox"/> \$250	Add your listing to an additional category in the SCHCHA Directory
<input type="checkbox"/> \$500	Upgrade your SCHCHA Member Directory to include: a link to your website, your logo, email contact, photo gallery, upload documents, and add a cover image.



# AFFILIATE MEMBERSHIP FORM

## Company Type

For inclusion in our Member Online Directory, where members find products & services for their agencies.

Category			
<input type="checkbox"/>	Accounting	<input type="checkbox"/>	Insurance
<input type="checkbox"/>	Accrediting Organization	<input type="checkbox"/>	Managed Care
<input type="checkbox"/>	Background Check	<input type="checkbox"/>	Medical Supplies & Equipment
<input type="checkbox"/>	Billing	<input type="checkbox"/>	Mergers and Acquisitions
<input type="checkbox"/>	Care Services	<input type="checkbox"/>	Pharmaceutical
<input type="checkbox"/>	Coding	<input type="checkbox"/>	Safety
<input type="checkbox"/>	Consulting	<input type="checkbox"/>	Software & Technology
<input type="checkbox"/>	Coordinated Caregiving	<input type="checkbox"/>	Staffing
<input type="checkbox"/>	Education	<input type="checkbox"/>	Telemedicine
<input type="checkbox"/>	Fleet Management	<input type="checkbox"/>	Wound Care
<input type="checkbox"/>	Financial	<input type="checkbox"/>	Other

Other Company Type:



# AFFILIATE MEMBERSHIP FORM

## Method of Payment

Enclosed is a check, payable to AHHC in the amount of:   
(Mail check to 1511 Sunday Drive, Suite 318, Raleigh, NC 27607)

Please charge my credit card

   

Credit Card Number:

Expiration Date of Card:

Security Code:

Name as it appears on credit card:

Cardholder's Address:

Address:

City:

State:

Zip Code: