

# Association for Home & Hospice Care of North Carolina

## AFFILIATE MEMBERSHIP APPLICATION

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

(AHC sends newsletters, alerts, and other correspondence through email)

Phone: (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_

**\*\*\*For inclusion in our online Vendor Mall, please email a 50-word company description to**

**[kerri@ahhcnc.org](mailto:kerri@ahhcnc.org) \*\*\***

### **Company Type: (Please check only ONE response)**

Accounting

Accrediting Organization

Consulting

Education

Financial Services

Insurance

Laboratory

Legal Services

Managed Care

Mergers and Acquisitions

Medical Equipment & Supplies

Pharmaceutical

Printing

Software & Technology

Telecommunications

Telemedicine

### **ANNUAL DUES (choose your options):**

**\$700** Includes AHHC of NC discounts on exhibit space; complimentary listing in Vendor Mall; use of logo on correspondence; member mailing list; opportunity to serve on industry committees; discounts on advertising, and much more!

**\$1,000** Includes all the above PLUS 4 half-page ads in any AHHCof NC e-newsletter of your choice!

**\$ 300** Add an additional \$300 to join the SC Home Care & Hospice Association when you join AHHC at \$700 (*This is a \$200 savings!*)

**\$ 600** Add an additional \$600 to join AND advertise in 4 SCHCHA e-newsletters of your choice when you join AHHC at \$700

### **Method of Payment**

Enclosed is a check, payable to AHHC in the amount of \$\_\_\_\_\_

Please charge \$\_\_\_\_\_ to my credit card.

Visa

MasterCard

Discover

American Express

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Address of Cardholder (Include Zip code) \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature as it appears on card \_\_\_\_\_

Return completed form to:

**Association for Home & Hospice Care of North Carolina**

3101 Industrial Drive, Suite 204, Raleigh, NC 27609

Telephone: 919-848-3450 ♦ Fax: 919-848-2355

E.mail: [judy@ahhcnc.org](mailto:judy@ahhcnc.org) ♦ Website: [www.ahhcnc.org](http://www.ahhcnc.org)