Membership Information

The Arizona Hospice and Palliative Care Organization (AHPCO) is dedicated to advancing quality end-of-life care and serving as a voice and resource for its members and the communities they serve, including:

- Advocating for the provision of care according to hospice and palliative care principles that affirm quality of life for the terminally ill and which neither hastens nor postpones death.
- Supporting an interdisciplinary team approach to symptom management by providing care of the body, mind and spirit for individuals and their families, however defined.
- Providing education and assistance about hospice/palliative care and related issues to its membership and the public.
- Influencing policy and regulatory processes through interpretation and clarification of hospice and palliative care concepts and standards of care to governmental and private sectors.
- Collaborating with other health care providers to assure continuity of care during the last stage of life.
- Ensuring access to hospice and palliative care by promoting the development of programs to underserved populations.

Provider Membership

Hospice Provider Member .................................................................................................................. Census-Based**
An organization licensed as a hospice by the Arizona Department of Health Services and operating a hospice program consistent with the current Standards and Principles of the National Hospice and Palliative Care Organization.
**$3.00 per unduplicated patient admission in previous calendar year. (Minimum = $100 Maximum = $5,500)

Hospice Provisional Member ........................................................................................................... Complimentary
An organization newly licensed as a hospice by the Arizona Department of Health Services and operating a hospice program consistent with the current Standards and Principles of the National Hospice and Palliative Care Organization. The provisional membership is valid for a year and then will be converted to a Provider Member upon payment of the current year’s dues.

Hospice and/or Palliative Care Corporation .................................................................................... $250*
A corporate or ownership entity, not licensed as a hospice, owning and operating more than one licensed hospice provider site.
* Dues are in addition to the dues calculated for each site (see application for more info).

Palliative Care Provider Member ................................................................................................... $250
An entity or individual provider currently providing palliative care as defined in the AHPCO bylaws and not full hospice services.

Benefits:
- Training Programs on topics and concepts for all members of the Interdisciplinary Team.
- Discounts on all AHPCO education*, events* and materials and job postings via the Career Center.
- Access to state and national trends and updates relevant to End-Of-Life and Palliative Care.
- Resources for federal and state regulations and legislation that impact providers.
- Member publications and e-communications plus access to the online Member Forum.
- Complimentary Listing in the Find a Provider search feature on the Patients/Families section of the website plus an exclusive opportunity to purchase a Linked Logo at a discounted rate.

Affiliate Membership

Individual Member .......................................................................................................................... $25
Open to individuals** who desire to support hospice and palliative care concepts through affiliation with AHPCO.

Benefits:
- Opportunities to connect with other professionals in the end-of-life community through access to the online forum and Discipline Communities.
- Discounts on all AHPCO education*, events* and materials.

**Individuals may not use their membership to solicit other members or otherwise promote any products or services.

Associate Membership ................................................................................................................. $300
An institution, corporation or organization desiring to promote hospice and palliative care concepts through affiliation with AHPCO.

Benefits:
- Members-only Discounts on all AHPCO education*, events* and exhibit space at AHPCO events.
- Complimentary Listing in the Find a Vendor search feature on the Resource section of the website plus an exclusive opportunity to purchase a Linked Logo at a discounted rate.
- Member publications and e-communications plus access to the online Member Forum.

*Note: some events have attendee restrictions.
Company/Organization Name (Individual Members may leave this section blank)

First Name ___________________________ Last Name ___________________________ 

Credentials / Designations ___________________________

Mailing Address ___________________________ City ___________________________ State ___________________________ Zip ___________________________ 

Phone ___________________________

E-mail (Our member communications are sent via email. Please add info@ahpco.org to your safe list) ___________________________

Website ___________________________

**Individual Members**

I, the undersigned, understand that I may not use my Individual Membership to solicit other members or otherwise promote any products or services. I further understand the member discount I am able to receive only applies to individual registrations for conferences and events that I am eligible to attend and not to exhibit space or advertising.

Signature: ___________________________________________ Date: ___________________________

Discipline Communities I would be interested in:  □ Chaplain □ Nurse □ Social Work □ Volunteer Coordinator

**Associate Members**

I, the undersigned am an authorized representative for the company listed above and I understand that the Associate Membership may be used to solicit other members or otherwise promote products or services. I further understand the member discount only applies to exhibit space and advertising and that I may not be eligible to attend the conferences as an attendee.

Signature: ___________________________________________ Date: ___________________________

Please indicate the type of services or products you provide:  □ Yes! I would like to purchase a Logo with a Link on the Website. Email your logo in jpg format to info@ahpco.org.

**Dues Calculation & Payment Information**

Cancellation Policy: Dues are considered earned upon receipt and are non-transferable. However, special requests for refunds made within 7 days of receipt will be reviewed on a case-by-case basis - please contact the AHPCO Office for more info.

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Quantity</th>
<th>Cost</th>
<th>Total</th>
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<tbody>
<tr>
<td>Individual Member</td>
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<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>Associate Member</td>
<td>1</td>
<td>$300</td>
<td>$300</td>
</tr>
<tr>
<td>Logo with Link on Find a Vendor Page on Website</td>
<td>1</td>
<td>$500*</td>
<td>$500*</td>
</tr>
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*This is an annual fee – the logo ad runs concurrent with membership.

Total $ ___________________________

Click here to apply online or mail this form to the address on our website

For additional info, contact the AHPCO Office at (480) 491-0540. Thank you for your support of AHPCO!

□ Yes! I want to enroll in the Auto Payment Plan with the credit card identified below. I understand my card will be charged on the 1st of the month following my anniversary date. I may cancel this plan anytime up until 30 days prior to my anniversary date.

Card Number (Amex, Visa or Mastercard Only) ______________ Name on Card ______________ Expiration Date ______________ CVV ______________

Signature ______________ Card Billing Address ______________ City/State ______________ Zip ______________

The Arizona Hospice and Palliative Care Organization is a non-profit 501(c)3 organization. Membership dues may be tax deductible, please consult your tax advisor. 0% of dues are spent on lobbying. Tax ID #: 86-0655760.