

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. **Note:**

Individual memberships will be renewed automatically and billed to your credit card. Membership cancellation and refund requests may be submitted within 60 days after renewal may request a refund.

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.



Membership Application (Individual & Associate)

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.

<input type="checkbox"/> Individual Member	I	X	\$25	=	\$
<input type="checkbox"/> Associate Member	I	X	\$300	=	\$
<input type="checkbox"/> Logo with Link on Find a Vendor Page on Website	I	X	\$500*	=	\$
Total					\$

*This is an annual fee – the logo ad runs concurrent with membership.

[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.