CONNECTICUT ASSOCIATION FOR HEALTHCARE AT HOME℠

2026-2027 ASSOCIATE MEMBERSHIP APPLICATION FOR SOLE PROPRIETOR

(Effective July 1, 2026 to June 30, 2027)

Company Name: **Date:**

ASSOCIATION MEMBERSHIP FOR SOLE PROPRIETOR – CONSULTANT / BUSINESS OWNER

Membership is afforded to someone who owns an unincorporated business by him or herself and does not elect to treat a domestic limited liability company (LLC), as a corporation. The Business owner and/or consultant provides products and/or services directly or indirectly related to home health, hospice or community-based care and is **not** a direct provider of home care services. *(Please note: The Company can operate under the name of its owner or can do business under another name)*

CONDITIONS AND OBLIGATIONS OF MEMBERSHIP

Applicants understand and agree that, by applying for and accepting membership in the Connecticut Association for Healthcare at Home (Association), they accept the following policies and obligations.

Standards of Conduct

Association members are expected to conduct their businesses consistent with all applicable laws and regulations and in an ethical manner, as may be further articulated in a Code of Conduct adopted by the Association's Board. The Board of Directors of the Association reserves the right to terminate the membership of any Association member whose conduct, in the sole discretion of the Board, is unethical or inconsistent with all applicable laws and regulations or otherwise damaging to the Association.

Advocacy of the Association's Position

If a member wishes to take a stand different from the Association's position on any issue, he/she must publicly state that his/her position is independent of the Association's stand. Members must notify the Association's President & CEO in writing of this position in advance of their lobbying efforts.

Payment of Dues and Fees

Membership is for a full year, and by applying for membership each applicant is obligated to pay dues for the entire year regardless of whether the Member's status changes during the year for any reason. Membership dues for Business and Organization Members are billed and collected on a prepayment basis and paid annually.

Dues assessments for new members who join after the beginning of the Association's membership year will be pro-rated per quarter.

NOTE: The Connecticut Association for Healthcare at Home is a non-profit association that is tax exempt under section 501(c)(3) of the Internal Revenue Code. As long as our non-dues revenue from our educational programs and other revenue sources continues to cover our lobbying and related support and expenses, the cost of your dues will be tax-deductible for your organization. (Before the end of our 2nd quarter, we will be able to give the exact percentage that is tax-deductible. For the past several years it has been 100%.) Dues are non-refundable. (If you are a Medicare certified agency, your total dues are an allowable cost under Section 2138 of the Medicare Provider Reimbursement Manual.)

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MEMBER INFORMATION

Company Name:	
Address:	
City, State, Zip:	
Primary Contact:	**Title:**
Primary Contact Email:	
Primary Contact Phone Number:	
Primary Contact Fax:	
Company Website:	

CONDITIONS OF MEMBERSHIP & FCC COMMUNICATIONS CONSENT

The agency hereby acknowledges that this constitutes a commercial transaction as such term is used and defined in Chapter 903a of the Connecticut General Statutes, Section 52-278a et seq, and hereby expressly waives any and all rights which are or may be conferred upon the agency by said statute to any notice or hearing prior to a prejudgment remedy for nonpayment or late payment of annual dues or any other fees.

On behalf of the Applicant, I accept and agree to the conditions of membership as stated in the enclosure. I also understand that by providing the Applicant's mailing address, email address, telephone number, and fax number, the Applicant and I consent to receive communications via regular mail, email, telephone, and/or fax sent by or on behalf of the Connecticut Association for Healthcare at Home. I am duly authorized to sign on behalf of the Applicant.

Print Name:	**Date:**
By typing your name below, you are providing your electronic signature & accepting the terms of membership. **Signature:**	

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Company Name: **Date:**

Membership Dues Amount:	
☐ Sole Proprietor – *Consultant / Business Owner* - **$378**	Today's Full Payment:

PAYMENT METHOD:

In order for membership to be effective July 1, 2026, you must sign this page authorizing payment.

☐ **Check** *(payable to CT Healthcare at Home)* **Credit Card**: ☐ **Visa** ☐ **MasterCard** ☐ **American Express** ☐ **Discover**		
Cardholder's Name:		
Card Number:	**CVV/Security Code:**	**Exp. Date:**
Cardholder's Billing Address *(if different)*:		
City, State, Zip:		
Phone:	**Email:**	

Print Name:	**Date:**
Signature:	

A signed copy of this application and full payment MUST be returned to the Association office for membership to be valid effective July 1, 2026.

Completed applications can be returned via mail, fax or email to Danielle Limata:

Mail: Connecticut Association for Healthcare at Home, 110 Barnes Road, PO Box 90, Wallingford, CT 06492

Phone: 203.774.4943 **Fax:** 203.949.0031 **Email:** Limata@cthealthcareathome.org