



## **NON-PROVIDER MEMBERSHIP**

### **Application Information**

#### **Eligibility:**

Non-Provider Members are organizations that do not directly employ home care aides but benefit from the information, standards, and training resources offered through our Council. Such organizations include: Aging Services Access Points (ASAPs), colleges, Councils on Aging, geriatric care managers, home care aide training providers, trade schools, workforce development partners, and others.

#### **Summary of Benefits:**

##### **Access to Information**

- Subscription to Council Update newsletter
- Get the latest information via Council email alerts
- Access to Members-Only section of our website

##### **Networking**

- Opportunities to network with home care agencies, elder care organizations, and vendors through our Annual Meeting, Spring Conference, and other events
- Opportunity to participate in Council forums and Board Meetings as speaker or panelist

##### **Discounted Publications and Events**

- Purchase our Publications at the reduced member-rate
- Pay the discounted member-rate at Council Educational Programs and Conferences

##### **Marketing Opportunities**

- Listing on Council's website
- Hyperlink to your business website from Council's site

**Annual Non-Provider Membership Dues: \$200**



**NON-PROVIDER MEMBERSHIP**  
**2017 Application Form**

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ E-mail \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Non-Provider Annual Dues:     \$200**

*Please Note: 9.4% of your 2017 dues are not tax deductible because they are associated with lobbying activities.*

**PAYMENT INFORMATION**

Checks can be made payable to:   Home Care Aide Council  
  124 Watertown Street, Suite 2E  
  Watertown, MA 02472

To pay by credit card, please complete below and forward to the Council office by mail at the address above, fax to 781-209-5977, or email to [layala@hcacouncil.org](mailto:layala@hcacouncil.org)

Please check one:

\_\_\_\_\_ American Express           \_\_\_\_\_ MasterCard           \_\_\_\_\_ VISA

(3 or 4 digit code on reverse) \_\_\_\_\_           Exp. Date \_\_\_/\_\_\_/\_\_\_ (Month/Year)

Card Number \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Billing Address \_\_\_\_\_

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

Signature \_\_\_\_\_