



**2019 INDIVIDUAL MEMBERSHIP
FORM**

Name: _____ Title: _____

Organization: _____ E-mail: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Individual Annual Dues: \$75

Please Note: 9.4% of your 2019 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

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: _____

HOME CARE AIDE COUNCIL, INC.