



## **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**  
**2019 Application Form**

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

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

Street \_\_\_\_\_

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

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

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

*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  
  46 Farwell Street, 2<sup>nd</sup> Floor  
  Newton, MA 02460

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 \_\_\_\_\_