2023 DEVELOPING HOSPICE MEMBERSHIP FORM

CONTACT INFORMATION
Organization: ____________________________
Address: __________________ City/State/Zip: __________________
Phone: __________________ Fax: __________________
Website: __________________
*The information above will be listed in NHPCA’s directory.

Primary Contact Information:
Name: __________________ Title: __________________
Email: __________________ Phone: __________________

MEMBERSHIP DUES

2023 Dues: $250 (not refundable or pro-rated) Amount Enclosed $__________

A Developing Hospice Member is one in the start-up phase of business. The organization cannot already be licensed and should be taking steps to become licensed. Developing Hospice Memberships are limited to a maximum of one year. The second year, the membership must transition to a Professional Provider Membership with dues prorated based on the remaining calendar year.

PAYMENT INFORMATION
☐ Check Enclosed (Payable to NHPCA)
☐ Invoice
☐ Credit Card →

Cardholder’s Name (PRINT) ____________________________
Credit Card # ____________________________ CVC # ____________
Expiration Date ____________________________
Cardholder’s Billing Address, City, State, Zip ____________________________
Cardholder’s Email ____________________________
Signature ____________________________
Your signature on the line above will authorize this transaction.

STAFF MEMBERS
List staff members below that should be in NHPCA’s database. Staff members will receive NHPCA’s e-newsletter, Hospice News Nebraska, and will gain access to the members-only section of nehospice.org.

1. Name __________________ Email __________________
   Title __________________

2. Name __________________ Email __________________
   Title __________________

3. Name __________________ Email __________________
   Title __________________

Signature ____________________________ Date ____________________________

PLEASE SUBMIT FORM AND PAYMENT TO NHPCA
1519 M Street, Cozad, NE 69130 • Phone (402) 477-0204 • Email Info@nehospice.org