2023 HOSPICE FACILITY MEMBERSHIP FORM

CONTACT INFORMATION

Name of Hospice Facility: __________________________
Address: __________________________ City: _____________ Zip: _____________
Phone: __________________________ Fax: __________________________
Website: __________________________

*The information above will be listed in NHPCA’s membership directory.

Director Information:
Name: __________________________ Title: __________________________
Email: __________________________ Phone: __________________________

Alternate Representative Information:
Name: __________________________ Title: __________________________
Email: __________________________ Phone: __________________________

MEMBERSHIP DUES

2023 Hospice Facility Dues: $675

Amount Enclosed $ _____________

A Hospice Facility member is an inpatient or residential facility that exclusively provides hospice care. A nursing facility or assisted living facility that does not exclusively provide hospice care is not eligible for this membership and must join as a Long-Term Care Member.

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.

Signature __________________________ Date __________________________

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

List staff members 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_
4. Name_  Email_  Title_
5. Name_  Email_  Title_
6. Name_  Email_  Title_
7. Name_  Email_  Title_
8. Name_  Email_  Title_
9. Name_  Email_  Title_
10. Name_  Email_  Title_

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