

INDIVIDUAL/SOLE PROPRIETOR MEMBER Membership Year Ending June 30, 2019

Open to 1) Any sole proprietor who serves the home care industry, 2) Any individual actively affiliated with an Agency Member or Allied Member, or 3) Any other individual *not affiliated with a non-member organization that is eligible for Agency or Allied membership*. Accredited educational institutions may designate one representative join as an Individual Member.

Member Name (required)	Company Name (if applicable)
Street Address (required)	City, State, Zip (required)
Telephone # (required)	Fax #
Website	E-mail Address (required)
Twitter Handle	Publicly Displayed E-mail Address (only if different from Primary)
	Benefits of Membership
3. Subscription to <i>Update</i> 4. Listing in the <i>Resource</i> Membership Subto Foundation for Hor	working groups, both in-person and online; he Alliance's weekly eNewsletter; and birectory and on our website. al
	Signature & Payment
sign the form digitally thro	send this application to the Alliance either by mail, fax, or email. You may gh Adobe Acrobat, or by printing the completed application and signing it not complete until payment is received, either by (required):
Mail to the address at the bottom of this page, with an enclosed check	
•	athinkhomecare.org) the application; we will then contact you within two valid Visa, Master Card, Amex, or Discover number.
Date (required)	Signature (required, either digital or physical)

Service Categories

Please select the types of services you provide. These are simply to help categorize what you do; you may elaborate in the "Service Description" further down this page.

Accounting & Financial Consulting

Benchmarking

Billing & Collections

Clinical Consulting

Durable Medical Equipment

Education & Training

Employee Benefits

Home Care Software Home Modification

Human Resources Consulting Inform. Systems Consulting

Insurance Services

Legal Consulting & Services

Managed Care

Management Consulting

Marketing & Advertising

Medical Supplies & Equipment

Personal Emergency Response Systems

Staffing & Recruiting Telecommunications

Telehealth

Service Description

Please describe your services in 250 **characters** (including spaces) or less to supplement your selections from the checklist above. For reference, the preceding sentence has 130 characters.

Email Groups

The Alliance's email groups allow members to send and receive emails within a closed group of people in their profession. Use them to ask questions and provide answers to your peers. Before joining, please review the discussion group rules and etiquette at http://www.thinkhomecare.org/email.

I have read, understand, and will abide by the Alliance's Email Discussion Group Rules and Etiquette.

Clinical Directors

Educators

Financial Managers

Home Care Aide Managers

Hospice Directors

Human Resource Managers

Information Systems Managers

Legislative Advocacy

Private Care Group

Public Relations/Public Affairs

QI/QA Managers

Rehab Managers

Social Work Managers

Contributions or gifts to the Foundation for Home Health, Inc., are tax deductible as charitable contributions for income tax purposes. Contributions and dues to the Home Care Alliance of Massachusetts, Inc., are NOT tax deductible as charitable contributions for income tax purposes. However, dues payments may be tax deductible as an ordinary and necessary business expense subject to restrictions imposed as a result of Alliance lobbying activities: ninety and two-tenths percent (90.2%) of agency dues for 2018/2019 are tax deductible. Nine and eight-tenths percent (9.8%) of dues are allocable to lobbying activities and are not tax deductible or allowable expenses for Medicare reimbursement purposes.