



INDIVIDUAL/SOLE PROPRIETOR MEMBER Membership Year Ending June 30, 2021

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

1. Discounted member rates for conferences, exhibits, and advertisements;
2. Ability to join Alliance networking groups, both in-person and online;
3. Subscription to *Update*, the Alliance's weekly eNewsletter; and
4. Listing in the *Resource Directory* and on our website.

Membership Subtotal	\$ _____
Foundation for Home Health, Inc. donation (optional, tax-deductible)	\$ _____
TOTAL MEMBERSHIP PAYMENT (required)	\$ _____

Signature & Payment

To join, complete, sign, and send this application to the Alliance either by mail, fax, or email. You may sign the form digitally through Adobe Acrobat, or by printing the completed application and signing it with a pen. **Membership is not complete until payment is received, either by (required):**

Mail to the address at the bottom of this page, with an enclosed check

Fax or e-mail (tmeyer@thinkhomecare.org) the application; we will then contact you within two business days to request a 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. Please contact the Alliance after July 1, 2020 if you have questions about these deductions.