



Membership Renewal Notice/Application

The Wisconsin Association for Home Health Care is an association formed to represent agencies in the state of Wisconsin. Membership will help support the association's work to make Wisconsin's home health care services a high quality option for all residents of the state.

Please review and update any information that may already be pre-filled below. Thank you!

Agency _____

Address _____

City, State, ZIP _____

Region (see enclosed map) _____ Counties Served _____

Primary Contact _____ Title/Position _____

Phone _____ Fax _____

Email _____ Website _____

EHR _____

Additional Agency Contact(s):

Name	Title/Position	Email	Committee Interest

Dues Payment

The WIAHC membership year is January 1 through December 31.

Agency Member Level

- ___ \$3,000 - Level 3 (total annual gross revenues greater than \$1.5m)
- ___ \$2,000 - Level 2 (total annual gross revenues greater than \$750,000 and less than \$1.5m)
- ___ \$1,000 - Level 1 (total annual gross revenues less than \$750,000)

If you have any questions, or need more information related to your membership, please contact the WIAHC office at 920-560-5632 or WIAHC@badgerbay.co.

15.3% of 2018 WIAHC dues are not deductible as a section 162 business expense for federal income tax purposes due to section 6033(e) lobbying activities notice and reporting requirements. (This is not a PAC.) Please keep this notice with your tax records

Make checks payable to: Wisconsin Association for Home Health Care, Inc (or WIAHC)
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920-560-5632 • 920-882-3655 (fax)
WIAHC@badgerbay.co • www.wiahc.org