Affiliate Membership Application

FLORIDA HOSPICE & PALLIATIVE CARE ASSOCIATION

Florida Hospice & Palliative Care Association (FHPCA) invites you to join the Affiliate Membership program. Your dollars contribute to our community based and directed hospice programs that provide so many extra services to their communities. Please complete and return this application and we will begin processing your membership. This application can be mailed, faxed, or emailed to our office based on your preferred method of payment.

EACH APPLICANT IS REQUIRED TO COMPLETE THIS FORM IN ITS ENTIRETY. IF NECESSARY, PLEASE USE N/A INSTEAD OF LEAVING BLANK LINES. ALL QUESTIONS CAN BE DIRECTED TO MEMBERSHIP SERVICES AT FHPCA BY CALLING (877) 783-1922 OR EMAILING SHERI GERETY, MEMBER SERVICES COORDINATOR AT SHERI@FLORIDAHOSPICES.ORG.

We recognize the highly confidential nature of some of this information. It will only be used by FHPCA in case of an emergency.

BUSINESS INFORMATION:

Business Name:		
Mailing Address:		Membership Level: ☐ Corporate-Patron ☐ Patron ☐ Associate
Office Phone: Toll Free Phone: Fax:		Website: Business Email:
Social Media:	☐ Facebook ☐ Twitter ☐ LinkedIn	☐ Google+ ☐ Blog: ☐ Other:
I was referred by:		

PRIMARY CONTACT:

This person will receive all communication from FHPCA events, news, renewals, etc.

First:		Last:
Prefix:	Suffix:	Job Title:
Business Name *(if different)*:		
Mailing Address *(if different)*:		
Work Phone: Cell Phone:		Email:

EVENT CONTACT:

If the Primary Contact is not the person we should contact regarding an event, please provide that information below.

First:		Last:
Prefix:	Suffix:	Job Title:
Business Name *(if different)*:		
Mailing Address *(if different)*:		
Work Phone: Cell Phone:		Email:

MARKETING CONTACT:

The person FHPCA should contact regarding promotion of your company through our various communications (i.e. blog, e-newsletter, website, etc.)

First:		Last:
Prefix:	Suffix:	Job Title:
Business Name *(if different)*:		
Mailing Address *(if different)*:		
Work Phone: Cell Phone:		Email:

BUSINESS CLASSIFICATION *(please check only one box)*:

- ☐ Accreditation
- ☐ Consultant
- ☐ Durable Medical Equipment
- ☐ Other:
- ☐ Foundation
- ☐ Insurance/Risk Management
- ☐ Legal Services
- ☐ Medical Supply
- ☐ Pharmaceutical
- ☐ Publisher
- ☐ Research & Education
- ☐ Software Vendor
- ☐ Staffing Agency/Service

Please Read and Sign

FHPCA is an IRS 501 (c)(3) charitable organization and contributions may be tax deductible as charitable donations (less 5% for lobbying activities) or allowable business expense. Please consult your tax advisor.

SIGNATURE OF PRIMARY CONTACT: _____

I understand that by providing my mailing address, email, telephone number, and fax number, I consent to receive communications via regular mail , email, telephone, and/or fax sent by or on behalf of FHPCA.

I further understand that events scheduled by the FHPCA Board of Directors are by invitation only and in order to attend any such event I must register by the deadline and provide all requested information. As an invited guest, I will honor the agenda as set by the board and will not schedule conflicting activities that might take away from the agenda.

☐ Corporate-Patron Membership	$12,500.00
☐ Patron Membership	$2,750.00
☐ Associate Membership	$500
Total Investment:	$ _____

PAYMENT INFORMATION

☐ VISA ☐ Mastercard ☐ Discover ☐ American Express

Name on Credit Card:

Credit Card #:

Expiration Date: Code:

Billing Address:

Make checks payable to Florida Hospice & Palliative Care Association, Inc.

In order for your application to be processed, please ensure all of the following are included in your submission:

1. Payment
2. Application:
   - Completed and signed application
   - Company logo (.pdf or high quality .jpeg format)
   - Short (200 words or less) description of your business for use in the membership directory

Please send all materials and invoice requests to Sheri Gerety, Member Service Coordinator at Sheri@floridahospices.org