



# 2017 INDUSTRY PARTNER MEMBERSHIP APPLICATION

*Eligible organizations are those that provide services or products to the home care and/or hospice industry, but are not licensed as a home health agency, hospice, or health care service firm. Examples include: consultants, DME and supply companies, certified public accountants, law firms, skilled nursing facilities, hospitals, etc.*

*\*\*\*information will be used for 2016 Membership Directory*

## PRIMARY CONTACT

Organization \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 Suite \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_  
 Website \_\_\_\_\_

## ADDITIONAL EMPLOYEES

*For Email Network and Other Communications*

Contact \_\_\_\_\_  
 Title \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_

Contact \_\_\_\_\_  
 Title \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_

Contact \_\_\_\_\_  
 Title \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_

Contact \_\_\_\_\_  
 Title \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_

## SERVICES OFFERED

*Please check all that apply*

- |  |  |
|--|--|
| <input type="checkbox"/> Accounting        | <input type="checkbox"/> DME/ Supplies                     |
| <input type="checkbox"/> Accreditation     | <input type="checkbox"/> Recruitment                       |
| <input type="checkbox"/> Advertising       | <input type="checkbox"/> Skilled Nursing Facility          |
| <input type="checkbox"/> Answering Service | <input type="checkbox"/> Technology/Software               |
| <input type="checkbox"/> Assisted Living   | <input type="checkbox"/> Technology/Support                |
| <input type="checkbox"/> Auditing          | <input type="checkbox"/> Technology/Website                |
| <input type="checkbox"/> Billing           | <input type="checkbox"/> Telehealth                        |
| <input type="checkbox"/> Consulting        | <input type="checkbox"/> Telephony                         |
| <input type="checkbox"/> Finance/General   | <input type="checkbox"/> Transportation                    |
| <input type="checkbox"/> Legal             | <input type="checkbox"/> Other: <i>(please list below)</i> |

## COMPANY DESCRIPTION

**Please attach a brief description of company products, services, and/or programs.** This description will assist the Home Care & Hospice Association of NJ to provide accurate information about your company.

Your description will also be used in the 2016-17 Home Care & Hospice Association of NJ Membership Directory & Referral Guide and should therefore be limited to 75 words.

## Return Application, Payment, & Statement of Ethical Values to:

Susan Manders  
 Home Care & Hospice Association of New Jersey, Inc.  
 485D Route 1 South, Suite 210, Iselin, NJ 08830  
[susan@homecarenj.org](mailto:susan@homecarenj.org) or fax to (732) 877-1101



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## PAYMENT AGREEMENT - *This application must be signed and dated*

Contributions or gifts to the Home Care & Hospice Association of NJ are not deductible as charitable contributions for Federal income tax purposes. However, dues payments are deductible by members as an ordinary and necessary business expense except for the percentage of dues used for lobbying by the Home Care & Hospice Association of NJ. The non-deductible percentage of dues is estimated to be approximately 20%.

In accordance with the FCC Regulations, I give the Home Care & Hospice Association of NJ permission to fax and/or email me or my organization/company, in order to provide me with the information on future Home Care & Hospice Association of NJ events, services or other activities.

**I understand that our organization/corporation is expected to honor this membership commitment through the end of the dues calendar year and our organization/corporation agrees to pay the full dues amount of \$798.40 to the Home Care & Hospice Association of New Jersey. No refund of any portion of membership dues for an applicable year shall be made to any member upon resignation or termination of membership.**

I hereby certify, to the best of my knowledge and belief that the information contained in this Membership Application is true and accurate. I agree to be bound by the terms and conditions of membership, including but not limited to the terms of this payment agreement.

### **SIGNATURE REQUIRED:**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization

## **DUES PAYMENT: Membership dues for calendar year 2017 (1/1/2017- 12/31/2017) = \$798.40**

► **Check Payment:**       Check # \_\_\_\_\_      Payment Amount \$ 798.40

► **Credit Card Payment:**

There will be a 2.5% fee if paying by credit card:       $\frac{\$ 798.40}{\text{Payment Amount}} \times 1.025 = \frac{\$ 813.36}{\text{Total Due}}$

**Card Type:**       Visa       MasterCard       American Express

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
CVV

\_\_\_\_\_  
Address of Cardholder

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Authorized Signature



# 2017 INDUSTRY PARTNER MEMBERSHIP APPLICATION

## NJ Home Care & Hospice Political Action Committee (NJHCH PAC) Contribution

The Home Care & Hospice Association of NJ Board of Directors voted to create a political action committee, the NJ Home Care & Hospice PAC (NJHCH PAC) to offer members concerned with challenges confronting the home care community the means to support worthy candidates for state elected office. The purpose of NJHCH PAC is to support the full scope of home care providers, including home health agencies, hospices and health care service firms throughout New Jersey.

NJHCH PAC will support by lawful means candidates in New Jersey, regardless of their political affiliations, who are dedicated to good government and have an appreciation of the importance of health, home care and hospice providers and the services they offer.

Your participation in the NJHCH PAC produces greater political power. Protecting home care and hospice providers and the patients and families we serve cannot be done without commitment.

Your support is needed to elevate the voice of the home care and hospice community in NJ.

FOR PROFIT COMPANIES ARE ENCOURAGED TO CONTRIBUTE TO THE PAC AND MAY CONTRIBUTE UP TO \$7,200.00 PER CALENDAR YEAR UNDER NEW JERSEY CAMPAIGN FINANCE LAW. NON-PROFIT COMPANIES CAN NOT MAKE COMPANY CONTRIBUTIONS, BUT INDIVIDUALS ARE ENCOURAGED TO SUPPORT THE PAC WITH VOLUNTARY CONTRIBUTIONS MADE WITH PERSONAL FUNDS. CONTRIBUTIONS TO THE PAC MAY NOT BE REIMBURSED AND ARE NOT DEDUCTIBLE AS A BUSINESS EXPENSE OR FOR FEDERAL INCOME TAX PURPOSES. Partnerships, LLPs, and LLCs may not contribute as entities, but a contribution may be drawn on the account of a partnership, LLP, or LLC and is treated as a personal contribution by the partner or member who signs the check or written interest.

► **Check Payment:**      Check # \_\_\_\_\_     Payment Amount \$ \_\_\_\_\_

\*\*Checks must be payable to the "NJ Home Care & Hospice PAC"

### ► Credit Card Payment Options:

**Total Contribution Amount \$** \_\_\_\_\_

One-time Payment    OR

Enroll in Auto-Payments: Total contribution to be divided into     2 payments (January and June)

**Card:**    Visa     MasterCard     American Express

Name as it Appears on Credit Card: \_\_\_\_\_

Company Name as it Appears on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_     CVV #: \_\_\_\_\_

Billing Address of Cardholder: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_



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## STATEMENT OF ETHICAL VALUES

The Home Care & Hospice Association of New Jersey represents home health agencies, hospices, and health care service firms. The Association promotes accessible, high quality skilled and supportive services that are delivered to people in their places of residence throughout New Jersey. The mission of the Association is to serve as the catalyst for excellence in home care and hospice.

The Home Care & Hospice Association of NJ seeks to promote an ethical corporate culture amongst its members so that internal and external relationships are grounded in the fundamental ethical values of autonomy, beneficence, non-maleficance and justice.

### Our members’ policies should reflect these significant ethical values:

- Respect
- Dignity
- Quality
- Impartiality
- Honesty
- Integrity
- Trust
- Accountability
- Responsibility
- Reliability
- Confidentiality
- Teamwork
- Professionalism
- Loyalty

The Home Care & Hospice Association of NJ recognizes that situations do and will arise when ethical values conflict. The Home Care & Hospice Association of NJ expects that each member organization has a process in place to deal with situations arising from such conflicts.

**It should be further noted that the bylaws of the Home Care & Hospice Association of NJ require:** For those cases where a member has been found guilty of fraudulent or abusive practice in an administrative agency or court of law, and/or whose license has been revoked or suspended for more than 30 days for fraud and abuse, and has not been approved for reinstatement to provide home care, hospice, or other services, membership status will be immediately terminated upon the receipt of formal documentation. The organization will be obligated to pay any outstanding dues in accordance with the Association’s Membership Dues Policy.

### **SIGNATURE REQUIRED:**

*I have received and read the above Statement of Ethical Values*

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization

#### FOR INTERNAL USE:

**Membership Status:**    Renewal Application    New Member Application: *Effective Date* \_\_\_\_\_

**DID YOU REMEMBER:** For Industry Partner Members

- ✓ Complete all sections of company and contact information on page 1
- ✓ Include a 75 word description
- ✓ Sign and date membership application on page 2
- ✓ Sign and date the Statement of Ethical Values Form on page 4
- ✓ Enclose payment

**Return Application in full to:**

Susan Manders  
Home Care & Hospice Association of NJ  
485D Route 1 South  
Suite 210  
Iselin, NJ 08830

Or  
Email to  
[susan@homecarenj.org](mailto:susan@homecarenj.org)

Or  
Fax to  
(732) 877-1101

