



HOME CARE ASSOCIATION OF NEW JERSEY
2010 MEMBERSHIP APPLICATION
INDUSTRY PARTNER

Organizations and corporations, not involved in the direct delivery of home care, which provide services or products to Home Care and/or Hospice Providers.. Examples include consultants, durable medical equipment and supply companies, computer software companies, certified public accountants.

PLEASE PRINT OR TYPE

PRIMARY CONTACT

Company Name
Main Contact
Title
Address
City State Zip Code
Phone Fax
E-Mail Address Website
License (If Applicable) Accreditation (If Applicable)

ADDITIONAL EMPLOYEES- For Listerv & Other Communications

Name/Title Email
Name/Title Email

SERVICES OFFERED- Please Check All That Apply

- Accounting, Accreditation, Advertising, Answering Services, Assisted Living, Auditing, Billing, Consulting, Finance-General, Legal, Medical Equipment/ Supplies, Recruitment, Skilled Nursing Facility, Technology- Software, Technology- Support, Technology- Website, Telehealth, Telephony, Transportation, Other

Please provide a brief description of company products/ services/ programs:

Blank lines for providing a brief description of company products, services, or programs.

**PAYMENT AGREEMENT**

Contributions or gifts to the Home Care Association of NJ are not deductible as a charitable contribution for Federal income tax purposes. Dues payments are deductible by members as a business expense. The percentage of dues (approximately 10%) used for lobbying by the Home Care Association of NJ is not deductible as a business expense.

In accordance with the FCC Regulations, I give the Home Care 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 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 \$750.00 to the Home Care Association of New Jersey.**

**Authorized Signature**

**Date**

**Membership Dues for Calendar Year 2010 (1/1/2010-12/31/2010) = \$750.00**

CHECK      CHECK NUMBER \_\_\_\_\_

VISA       MASTERCARD       AMERICAN EXPRESS

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

Expiration Date \_\_\_\_\_      CCV # \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

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

Signature of Cardholder \_\_\_\_\_

**Please return application, payment information and statement of ethical values to:**

**Home Care Association of NJ  
485D Route 1 South, Suite 210  
Iselin, NJ 08830  
Attn: Donna Weiss**

**Phone: 732-877-1100      Fax: 732-877-1101**