



2018 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 2018 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

- Accounting
- Accreditation
- Advertising
- Answering Service
- Assisted Living
- Auditing
- Billing
- Consulting
- Finance/General
- Legal
- DME/ Supplies
- Recruitment
- Skilled Nursing Facility
- Technology/Software
- Technology/Support
- Technology/Website
- Telehealth
- Telephony
- Transportation
- Other: *(please list below)*

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 2018-19 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 or fax to (732) 877-1101



2018 INDUSTRY PARTNER MEMBERSHIP APPLICATION

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 2018 (1/1/2018- 12/31/2018) = \$798.40

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

► **Credit Card Payment:**

There will be a 2.5% fee if paying by credit card: $\frac{\$ 798.40}{\text{Payment Amount}} \times 1.025 = \frac{\$ 818.36}{\text{Total Due}}$

Card Type: Visa MasterCard American Express

Credit Card Number

Exp. Date

CVV

Address of Cardholder

Printed Name

Authorized Signature



2018 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 \$ _____ (Please do not send cash)

One-time Payment OR

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

Card: Visa MasterCard

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: _____



2018 INDUSTRY PARTNER MEMBERSHIP APPLICATION

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-maleficence 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

Or
Fax to
(732) 877-1101

