

New Member Renewal

**To be eligible to join in the Associate Member category, your organization must qualify according to the by-laws definition:**

*Associate Membership:* Businesses that provide goods or services to home care industry providers but do not provide goods and services directly to the end users are eligible as Associate members. Associate members may also be local, regional and national associations that have an interest in home care delivery in the state of Michigan, but do not directly provide that care. Holding companies and organizations formed to provide group contracting and/or services for a coalition of home care industry service providers are ineligible for membership. The Board of Directors shall determine whether any applicant shall be denied membership on the basis of this provision. Each associate membership shall have one vote in association elections. There will be one Board of Directors seat reserved for associate members and no more than one seat regardless of the number of associate members. The associate representative of the Board of Directors shall not hold office.

**Please note: Organizations that sell home care products or services to patients are ineligible as Associate members, but may qualify as Service Line Members.**

Your Associate membership fee entitles your organization to select **ONE** service line membership reflecting your interests. Employees of your organization are permitted to participate only on the committees associated with the selected service line, and your organization will receive monthly mailings pertaining to *only* the selected service line. If your organization has an interest in other service lines, you may select additional service line memberships by paying an additional \$500 per selection. All members are welcome to participate on the Public Policy Committee and may attend any workshop offered, regardless of the service line selected.

**Associate Membership Benefits:** As an Associate Member, you will receive:

- Discounts on registrations at all workshops and conferences;
- Monthly **Bulletin Board**;
- Opportunities to join and participate in Committees within your selected service line;
- Membership on the Public Policy Committee;
- Discounts on publications and videos;
- Recognition as a supporter of Michigan Home Care; and much more!

**Membership in the Association increases your networking opportunities through contact with other members.**

The membership year is one year from the date of this application.

Enclosed for your review are copies of the *Michigan Association for Home Care's Code of Ethics and Article III Membership Insert*.

(Return to Michigan Association for Home Care, 2140 University Park Drive, Suite 220, Okemos MI 48864)  
Over →

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

COUNTIES SERVED: \_\_\_\_\_

CHIEF EXECUTIVE OFFICER (CEO): \_\_\_\_\_

CEO E-MAIL: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

CONTACT E-MAIL: \_\_\_\_\_

VOTING MEMBER: \_\_\_\_\_

**We are selecting the following service line(s):**
 Certified/Hospice       Private Duty       HME/Infusion Pharmacy
**Consulting/Products:**
 Accounting       Accreditation       Billing/Coding       Clinical  
 Consultants       Education       Financial Services       Fleet Management  
 Human Resource/payroll       Insurance       Legal Management  
 Medical Supplies       Mobility       Personal Emergency Response Systems  
 Pharmaceutical       Software & Support       Telecommunications       Telehealth  
 Therapy Services       Other: \_\_\_\_\_
**Associate Membership****.....\$500.00 Annual Dues per Service Line Selected****Payment Method:** Enclosed is our check payable to the Michigan Association for Home Care**Credit Card Payment:**
 Visa     MasterCard       Discover       American Express

Credit Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

CVC # (3 digit number on back of card): \_\_\_\_\_

Authorized Signature on Card: \_\_\_\_\_

I certify that all information contained in this application is correct and valid to the best of my knowledge. I further certify that I have read the Michigan Association for Home Care's Code of Ethics and Article III Membership Insert and pledge that this organization understands and will adhere to the Code of Ethics. I further certify that I have read the bylaws definition of Associate Member, stated above, and verify that my organization qualifies as an Associate Member.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_