

2012 AHO Non Provider Membership Application



AHO values the involvement of all hospice supporters in Alabama. Only together will there be one united voice for Alabama's hospice industry. The 2012 Board of Directors encourages you to become an active member of AHO.

Membership Benefits:

As an AHO non-provider member you will be a part of the unified voice of Alabama's Hospice industry, have access to hospice professionals for questions and information, and have access to high quality conferences at discounted prices. You will also be notified of and encouraged to attend the quarterly Board of Director meetings where you will have access to the decision makers of the agencies. Also, we are adding the opportunity to have your website linked to AHOs whereas you may gain even more exposure for your company.

2012 Application for Non-Provider Membership

Non-Provider Members are corporations, organizations, individuals or other entity that is not a provider or employed by a provider of hospice services and supportive of the hospice care concept, philosophy and profession but are not providers of these services. Non-provider membership is not available to organizations that are reimbursed for hospice care and qualify for membership to Alabama Hospice Organization as a Provider Member. **Non-Provider Membership dues are \$150.00** and are for one calendar year, beginning on January 1 and expiring annually on December 31. **Renewal applications received after February 1, 2012 are subject to \$50.00 late renewal fee.**

Please complete the entire form. Please print clearly or type. For questions regarding this application, please call 334-395-5000 (ask for Linda Segrest) or email at contact@alhospice.org.

A) Non Provider Entity Information

Non Provider's Name: _____

(Individual/Organization/Company) _____

Contact Person: _____

Physical Address: _____

City/State/ZIP: _____

Mailing Address: _____

City/State/ZIP: _____

Telephone: () _____ Fax: () _____

Email Address: _____ *Website: _____

*required if purchasing web link benefit

B) Non Provider Entity Details

Please indicate your primary type of business:

- | | |
|--|--|
| <input type="checkbox"/> Accreditation | <input type="checkbox"/> Government |
| <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Grief/Bereavement Center |
| <input type="checkbox"/> Companion Service | <input type="checkbox"/> Home Health Agency |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Insurance/Risk Management |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Legal Service |
| <input type="checkbox"/> Funeral Home | <input type="checkbox"/> Medical Supply / DME |

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The Alabama Hospice Organization communicates membership related notices, benefits and related services in various ways, including telephone, fax, postal mail and electronic mail. As a member, you consent to receiving these occasional communications from Alabama Hospice Organization.

The Alabama Hospice Organization occasionally makes its members' contact information to vendors and others who provide products and services which might be of interest to its membership. If you prefer not to be included in these lists, please check this box.

**Thank you for your Membership in the
Alabama Hospice Organization!**