



2010 ASSOCIATE MEMBERSHIP APPLICATION

Associate Member: A corporation, organization, individual or other entity that is not a provider or employed by a provider of hospice services, but is supportive of the hospice concept, philosophy and profession.

** Associate membership is not available to organizations reimbursed for hospice care or that qualify for another category of AHO membership. Associate Membership dues are \$150.00 and are for one calendar year, beginning January 1 and expiring December 31. Renewals received after February 15, 2010 are subject to a \$50.00 late fee.*

Please Complete Entire Form. For questions regarding this application, please call (334) 240-0909.

General Information

A) Organization Information

Company/Organization Name
(Employer Name, if Individual Applicant) * **REQUIRED** _____

Contact Person: _____

Physical Address: _____

City/State/ZIP: _____

Mailing Address: _____

City/State/ZIP: _____

Telephone: () _____ Fax: () _____

Email Address: _____ Website: _____

B) Company/Organization Details

Please indicate your primary type of business:

- | | |
|--|---|
| <input type="checkbox"/> Accreditation | <input type="checkbox"/> Legal Service |
| <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Medical Supply / DME |
| <input type="checkbox"/> Companion Service | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Publisher |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Religious Organization |
| <input type="checkbox"/> Funeral Home | <input type="checkbox"/> Research and Education |
| <input type="checkbox"/> Government | <input type="checkbox"/> Skilled Nursing Facility |
| <input type="checkbox"/> Grief/Bereavement Center | <input type="checkbox"/> Software Vendor |
| <input type="checkbox"/> Home Health Agency | <input type="checkbox"/> Staffing Agency/Service |
| <input type="checkbox"/> Insurance/Risk Management | <input type="checkbox"/> Other: _____ |

I want to make the most of my membership and gain access to AHO members. Please send me information on the following opportunities:

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Exhibits | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sponsorships | |



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Dues Payment and Mailing Instructions

Payment may be made by check or credit card. Membership dues are non-refundable and non-transferable.

Total Annual Dues Enclosed: \$150.00

Please attach your dues payment and return to Alabama Hospice Organization by February 15th.

Payment made by

- Check (Payable to Alabama Hospice Organization) Check#
Visa MasterCard American Express

Card Number: [grid] Exp. Date: [grid]

Name on Card (Print): _____

Authorized Signature: _____

I hereby certify that my company/organization is not a hospice or palliative care provider and that everything stated in this application is correct and complete to the best of my knowledge.

Signature of person who completed this form: _____

Please print name: _____ Date: _____

Mail to:

Alabama Hospice Organization, P.O. Box 4606, Montgomery, AL 36103

Personal and agency information provided in this application is collected by the Alabama Hospice Organization and may be used for (but not limited to) maintaining membership records, event registrations, correspondence and distributing information about AHO, and upcoming events. Information may be compiled from various sources. Information collected may be used or disclosed for other operational purposes that are consistent with the mission of Alabama Hospice Organization or as required by law. 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.

Thank you for your Membership in

