



PLEASE RETURN WITH YOUR APPLICATION FORMS

Organization Name: _____

Primary Location Address: _____

City _____ State _____ Zip: _____

Country _____

Main Phone: _____ Main Fax: _____

Website: _____

HOME HEALTH & HOSPICE FINANCIAL MANAGERS ASSOCIATION (HHFMA) DUES:

HHFMA membership is \$150.00 per individual. Please list each individual so they can start receiving benefits immediately. Your organization must be an active member of the Alliance to join HHFMA.

\$150.00 x # _____ of HHFMA members renewed = \$ _____

NAME TITLE EMAIL

Association dues payments, to the Alliance or otherwise, are not tax deductible as charitable contributions, Sections 501(c)5 and (c)6. The Internal Revenue Code limits the amount of business expense deductions for dues paid to an association that engages in lobbying activities even if dues are not used for lobbying; the amount excluded is currently 23% based on IRS criteria. EIN - 84-0617736.

Alliance membership dues are non-refundable.

**Please consider making a charitable donation to the National Alliance for Care at Home Foundation:
AllianceForCareAtHome.org/foundation.org**

