Home Care Association

2020 ASSOCIATE MEMBER APPLICATION

(Please print and complete all information)

Company/Organization Name:			
Address:	City:	State:	Zip:
Phone No:	Fax No.:		
Website:	Email Address:		
Representative:	Title:		
Please list the types of products and/or se private duty providers:	ervices that your company/organization	offers to home healt	th, hospice and/or
Membership dues to the Nebraska Home Can However, they may be tax deductible as ordi association lobbying activities, which are no lobbying, and therefore non-deductible, is 9. Dues are pro-rated the first year of membersh dividing it by 12 months. Your dues amount	inary and necessary business expenses, subjut tax deductible. For 2020, the portion of y 5%. hip. If you join after January 2020, pro-rates	iect to federal tax restr cour dues which is allow d dues are calculated b	ictions, related to cable directly to
■ ASSOCIATE MEMBER DUES:	<u>\$300.00</u> per year		
Payment Method:			
☐ Check Payable to Nebraska Home C	Care Association		
☐ Credit Card – Call the Nebraska Ho	ome Care Association office to provide of	credit card information	on at 402-423-0718
A \$3 processing fee is assessed on all cre	edit card transactions.		
Optional PAC Contribution:			

Contributions to the Nebraska Home Care Association Political Action Committee (PAC) allow the association to support state senator candidates who demonstrate support for home care clients and the industry.

☐ Enclosed is a check payable to the Nebraska Home Care Association PAC from the Agency Provider Member listed above for \$

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.