



## IHCA Membership Application

<b>E-mail address:</b>	
<b>First Name:</b>	
<b>Last Name:</b>	
<b>Title:</b>	
<b>Company: *</b>	
<b>Provider type(s):</b>	<input type="checkbox"/> Home Health <input type="checkbox"/> Hospice <input type="checkbox"/> Home Care
<b>Mailing Address 1:</b>	
<b>Address 2:</b>	
<b>City:</b>	
<b>State:</b>	Idaho
<b>Zip Code:</b>	
<b>Phone number:</b>	
<b>Website:</b>	
<b>Cc mail:</b>	
<b>Provider type/membership dues:</b>	<input type="radio"/> Home Health / Hospice / Home Care: \$2500 <input type="radio"/> Home Health / Home Care: \$1500 <input type="radio"/> Home Health / Hospice: \$2000 <input type="radio"/> Home Health only: \$1000 <input type="radio"/> Hospice only: \$1000 <input type="radio"/> Home Care only: \$500
	IHCA Bylaws state: If an agency provides Hospice, Home Health and/or Home Care they must pay dues for all, or none can participate.
<b>2021 dues</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PAC Donation: (\$250 donation suggested)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Foundation: (\$250 donation suggested)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No



## IHCA Membership Application

<b>Form of payment:</b>	<p style="text-align: center;"> <input type="checkbox"/> Check Enclosed              <input type="checkbox"/> Visa              <input type="checkbox"/> MasterCard              <input type="checkbox"/> Amer Expr              <input type="checkbox"/> Discover         </p> <p>Card Number: <input style="width: 200px; height: 20px;" type="text"/></p> <p>Expires: _____ / _____ (mm/yy)      _____ CSV</p> <p>Billing Street Address: _____ Billing Zip Code: _____</p> <p>Authorized Signature: _____</p> <p>Name on Card: _____</p>
<b>Office Use Only</b>	<p><input type="checkbox"/> Organizational profile established</p> <p><input type="checkbox"/> Username: _____</p> <p><input type="checkbox"/> Invoice sent date: _____</p>

**\*** If applying for membership for more than one [1] provider type, please provide business name & mailing address (if different from above) for each:

<b>Company: *</b>	
<b>Provider type:</b>	<input type="checkbox"/> Home Health <input type="checkbox"/> Hospice <input type="checkbox"/> Home Care
<b>Mailing Address 1:</b>	
<b>Address 2:</b>	
<b>City:</b>	
<b>State:</b>	Idaho
<b>Zip Code:</b>	
<b>Phone number:</b>	
<b>Website:</b>	
<b>Company: *</b>	
<b>Provider type:</b>	<input type="checkbox"/> Home Health <input type="checkbox"/> Hospice <input type="checkbox"/> Home Care
<b>Mailing Address 1:</b>	
<b>Address 2:</b>	
<b>City:</b>	
<b>State:</b>	Idaho
<b>Zip Code:</b>	
<b>Phone number:</b>	
<b>Website:</b>	