

HCAW MEMBERSHIP APPLICATION



HCAW AFFILIATE MEMBER (non-voting member)

Agency: _____

Address: _____

City: _____ Zip: _____ State: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Contact Name: _____

Number of Direct Employees, FTE's: _____ Actual No. of Employees: _____ No. of Contract Staff: _____

Agency Type: For Profit Non-Profit

Other Memberships: AFHHA ACHC NAHC NHPCO NPDA WAPDA

(Check appropriate membership type below)

AFFILIATE ORGANIZATION:

Any company not directly providing home care services to patients in their home, but providing support to those who do. Minimum dues are \$350; with \$100 for each additional office in Washington state.

For Affiliate Organizations: Please add mailing addresses for any additional offices identified for dues purposes. Each additional office will be added to the mailing list.

Name: _____ Address: _____

Name: _____ Address: _____

(please attach a separate form for further affiliate information)

INDIVIDUAL AFFILIATE

Individual consultant or business person with an interest/affiliation in in-home services.

Dues are \$175 per year.

ASSOCIATION OR INSTITUTIONAL AFFILIATE

Other associations, educational organizations, other health care institutions or organizations not providing care in the home, etc.

Dues are \$150 per year.

(Dues paid to the Home Care Association of Washington are not tax deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. HCAW estimates that the nondeductible portion of your 2021 dues – the portion which is allocable to lobbying – is 36%. HCAW's tax ID# is 91-1102450.)

Return completed membership application to HCAW:

5727 Baker Way NW Suite 200 | Gig Harbor, WA 98332

P: 425-775-8120 | E: britni@aminc.org