



# ALLIED MEMBERSHIP APPLICATION

Membership Year Ending June 30, 2012

**ELIGIBILITY:** ALLIED MEMBERSHIP is open to organizations doing business in Massachusetts that are either:  
 1) Vendors of supplies or services to home care agencies, or;  
 2) Organizations that do not provide home care services but desire to support the industry.

Company Name _____	Primary Contact _____
Street Address _____	City, State, Zip _____
Primary Telephone # _____	Toll Free/Referral # _____
Primary Fax # _____	Referral Fax # _____
Website _____	Email Address _____

## Allied Membership Level

- BASIC Membership.** . . . . . \$650  
 Includes subscriptions to the Alliance's monthly and weekly publications; discounted rates for conferences and exhibitions; listing in the *Resource Directory* and on our website.
 

With <b>optional</b> tax-exempt contribution to the Foundation for Home Health, Inc.	<b>\$100</b>
	<b>\$750</b>
  
- SUPPORTING Membership.** . . . . . \$1175  
 Includes all the benefits of Basic Membership **plus:** 1 set of member mailing labels; designation as a Supporting Member in the Resource Directory and on our website.
 

With <b>optional</b> tax-exempt contribution to the Foundation for Home Health, Inc.	<b>\$ 100</b>
	<b>\$1275</b>
  
- GOLD CIRCLE Membership.** . . . . . \$1750  
 Includes all the benefits of Supporting Membership **plus:** a free booth at the 2012 Spring Conference & Trade Show; designation as a Gold Circle in the Resource Directory and on our website.
 

With <b>optional</b> tax-exempt contribution to the Foundation for Home Health, Inc.	<b>\$ 100</b>
	<b>\$1850</b>

## Payment & Signature

Amount of Payment: \$ \_\_\_\_\_ Method:  Check  MC  Visa  AMEX

Credit Card Number: \_\_\_\_\_ (if applicable)

Sec Code: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*NB: The Alliance pro-rates Allied dues by the half year. If you are a Allied Member joining for the first time on or after January 1, 2012, take 50% off your total; your membership will still expire on June 30, 2012.*

## About Your Company

- |                          |                                   |                          |                                     |
|--------------------------|-----------------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Accounting & Financial Consulting | <input type="checkbox"/> | Information Systems Consulting      |
| <input type="checkbox"/> | Benchmarking                      | <input type="checkbox"/> | Insurance Services                  |
| <input type="checkbox"/> | Billing & Collections             | <input type="checkbox"/> | Managed Care                        |
| <input type="checkbox"/> | Clinical Consulting               | <input type="checkbox"/> | Management Consulting               |
| <input type="checkbox"/> | Durable Medical Equipment         | <input type="checkbox"/> | Marketing & Advertising             |
| <input type="checkbox"/> | Education & Training              | <input type="checkbox"/> | Medical Supplies & Equipment        |
| <input type="checkbox"/> | Legal Consulting & Services       | <input type="checkbox"/> | Personal Emergency Response Systems |
| <input type="checkbox"/> | Employee Benefits                 | <input type="checkbox"/> | Staffing & Recruiting               |
| <input type="checkbox"/> | Home Care Software                | <input type="checkbox"/> | Telecommunications                  |
| <input type="checkbox"/> | Human Resources Consulting        | <input type="checkbox"/> | Telehealth                          |

Please select the types of services you provide; you may elaborate in the large box in the middle of this page:

Please describe your services in no more than 250 characters including spaces; this description should supplement your selections from the list above:

## Sending It In

Dues are payable in full with your membership application. If you have any questions about membership, please call the Alliance office at (617) 482-8830 or (800) 332-3500. Please mail or fax application with payment to:

**Home Care Alliance of Massachusetts, Inc.**  
**31 St. James Avenue, Ste. 780**  
**Boston, MA 02116**  
**Fax: (617) 426-0509**

## Tax Information

Contributions or gifts to the **Foundation for Home Health, Inc.**, are tax deductible as charitable contributions for income tax purposes. Contributions and dues to the **Home Care Alliance of Massachusetts, Inc.**, are NOT tax deductible as charitable contributions for income tax purposes. However, dues payments may be tax deductible as an ordinary and necessary business expense subject to restrictions imposed as a result of Alliance lobbying activities. The Home Care Alliance of Massachusetts, Inc., has calculated that eighty-one (81) percent of member dues for 2011/2012 are tax deductible. Fifteen and four-tenths percent (15.4%) of dues are allocable to lobbying activities and are not tax deductible.