



AFFILIATE MEMBERSHIP APPLICATION

Company Name: _____

Contact Name: _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Website Address: _____

(AHC sends newsletters, alerts, and other correspondence through email)

Phone: () _____ Fax () _____

*****For inclusion in our online Vendor Mall, please email a 50-word company description to kerri@ahhcnc.org *****

Company Type: (Please check only ONE response)

- | | | |
|---|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Insurance | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Accrediting Organization | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Printing |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Software & Technology |
| <input type="checkbox"/> Education | <input type="checkbox"/> Managed Care | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Mergers and Acquisitions | <input type="checkbox"/> Telemedicine |
| | <input type="checkbox"/> Medical Equipment & Supplies | |

ANNUAL DUES (choose one option):

_____ **\$700** Includes discounts on exhibit space; complimentary listing in Vendor Mall; use of logo on correspondence; member mailing list; opportunity to serve on industry committees; discounts on advertising, and much more!

_____ **\$1,000** Includes all the above PLUS 4 half-page ads in any e-newsletter of your choice!

Method of Payment

Enclosed is a check, payable to AHC in the amount of \$ _____

Please charge \$ _____ to my credit card.

- Visa MasterCard Discover American Express

Credit Card # _____ Exp. Date _____ Security Code _____

Address of Cardholder (Include Zipcode) _____

Name as it appears on card _____

Signature as it appears on card _____

Return completed form to:
Association for Home & Hospice Care of North Carolina
3101 Industrial Drive, Suite 204, Raleigh, NC 27609
Telephone: 919-848-3450 ♦ Fax: 919-848-2355
E.mail: judy@ahhcnc.org ♦ Website: www.ahhcnc.org