SCHCHA
SC Home Care & Hospice Association

AFFILIATE MEMBERSHIP APPLICATION

Company Name: _____

Contact Name: _____

Title: _____

Mailing Address:_____

City: _____ State: _____Zip:_____

Email Address: _____ Website Address: _____
(*AHHC 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)

__ Accounting
__ Accrediting Organization
__ Consulting
__ Education
__ Financial Services
__ Insurance
__ Laboratory
__ Legal Services
__ Managed Care
__ Mergers and Acquisitions
__ Medical Equipment & Supplies
__ Pharmaceutical
__ Printing
__ Software & Technology
__ Telecommunications
__ Telemedicine

ANNUAL DUES (choose one option):

____ **$500** 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!

_____ **$800** 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 AHHC 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:
South Carolina Home Care & Hospice Association
3101 Industrial Drive, Suite 204, Raleigh, NC 27609
Telephone: 919-848-3450 ♦ Fax: 919-848-2355
E.mail: judy@ahhcnc.org ♦ Website: www.schcha.org