



National Private Duty Association

2010 ASSOCIATE Membership Application

Is this membership application: New or Renewing

STEP ONE: Company Information:

Contact Person (*Person designated to receive mailings*): _____

Provider/Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Toll Free Phone: (____) _____ Individual E-Mail: _____

Company E-Mail: _____ Website: _____

Date Business Established: _____

How did you learn of the National Private Duty Association? Website Newsletter Postcard Mailing
 Referral – Whom may we thank? (name and company) _____

***A WORD ABOUT YOUR EMAIL INFORMATION:** The majority of the information we share/provide to our members, our newsletters, list serve, program announcements, etc are done via e-mail communication. **In order for you to receive the most benefit from your membership with NPDA, it is crucial that we have the most current and up to date email information for you.** NPDA will NEVER sell, rent or make available to any 3rd party, the email address you provide to us. This information is used solely for the purpose of ensuring the most effective means of communication between NPDA and our members. We greatly respect your privacy and will not send any forms of bulk email or spam to you.

STEP TWO: Services Provided

Please check the type of products/services available to home health agencies:

- | | | |
|--|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Advertising Specialties | <input type="checkbox"/> Billing Services |
| <input type="checkbox"/> Clinical Laboratory | <input type="checkbox"/> Collections/Recovery | <input type="checkbox"/> Compliance Programs |
| <input type="checkbox"/> Consulting * | <input type="checkbox"/> Employee Benefits | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Information Technology/ Information Systems | <input type="checkbox"/> IV Support | <input type="checkbox"/> Legal |
| <input type="checkbox"/> License Pending | <input type="checkbox"/> Medical Supplies | <input type="checkbox"/> Medical Bill Review |
| <input type="checkbox"/> Patient Charting Equipment | <input type="checkbox"/> Pediatric Products | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Printing & Forms | <input type="checkbox"/> Risk Management | <input type="checkbox"/> Software & Support |
| <input type="checkbox"/> Staff Development & Training | <input type="checkbox"/> Staff Leasing | <input type="checkbox"/> Therapy Services |

Other: _____

* **Note:** If consulting firm please check what type of consulting services your company provides:

- | | |
|--|---|
| <input type="checkbox"/> Accreditation | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Billing | <input type="checkbox"/> Information Tech/ Info Systems |
| <input type="checkbox"/> Clinical | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Management |
| <input type="checkbox"/> Other: | |

STEP THREE: Electronic version of the NPDA News

Your company can receive the *The Voice*, NPDA's newsletter electronically and save time and money! The electronic version of the *The Voice* can be delivered to as many of your staff as you request. Please fill in the name and email address of the person who would like to receive the *The Voice* via email. If you need additional space please send on a separate sheet.

Name _____ E-Mail _____
Name _____ E-Mail _____
Name _____ E-Mail _____
Name _____ E-Mail _____

STEP FOUR: Read and Sign**Signature Required**

By this signature, I verify that the information provided on this application form is, to the best of my knowledge, correct. I understand that the membership benefits that we receive are only to be used by the company/provider listed in Step One and Two and its employees. Furthermore, I understand that these benefits may not be transferred to another licensed agency or business, which does not hold membership in this association. Any misuse of membership rights and benefits may result in the termination of our membership. I am aware that information on contacting my company will be available for viewing by the public on the NPDA website.

All active, renewing members MUST have a completed AND SIGNED application on file at the NPDA office. Incomplete or unsigned applications will be returned.

Administrator or Contact Person

Date

STEP FIVE: Dues Schedule

- Associate Membership:** A business that supplies goods and/or services to private duty home care agencies or their patients, but not NOT supply in-home personnel. Associate Members shall not have voting rights but can hold office or serve as an Officer or Director of the Association. They may also chair any standing committee of the Association. **\$ 730.00**

Contributions to NPDA are not deductible as charitable contributions for federal income tax purposes. However, your dues payment may be deductible as an ordinary and necessary business expense.

STEP SIX: Payment Information (Payment MUST accompany application)

Check Enclosed Credit Card: Visa MasterCard

Card # _____ Expiration Date _____ CSC# _____

Authorized Signature: _____

Please make checks payable to:
NPDA
941 East 86th Street, Suite 270
Indianapolis, IN 46240
Phone: (317) 663-3637
FAX: (317) 663-3640

Contributions to NPDA are not deductible as charitable contributions for federal income tax purposes. However, 94% of your dues payment is deductible as an ordinary and necessary business expense. The Omnibus Reconciliation Act of 1993 provided that a taxpayer would no longer be able to deduct lobbying expenses. For NPDA members, this means that the portion of dues directed to lobbying expenses is not deductible by the member/taxpayer. We estimate this to be 6% of your dues payment. **5/10**