



# National Private Duty Association

## 2010 VOTING Membership Application

Is this membership application: New  or Renewing

### STEP ONE: Company Information:

Representative *(Person designated to represent your company)*: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Toll Free Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail for NPDA Communications\*: \_\_\_\_\_

E-Mail listed on NPDA Website\*: \_\_\_\_\_ Website: \_\_\_\_\_

**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 3<sup>rd</sup> 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.

Date Business Established: \_\_\_\_\_

Agency Structure:  Non-Profit  Hospital Based  Corporation  Franchisee  Other \_\_\_\_\_

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

### STEP TWO: Services Provided:

Please check what service lines you provide:

<input type="checkbox"/> Attendant Care	<input type="checkbox"/> Case Management	<input type="checkbox"/> Companion Care	<input type="checkbox"/> Home Health Aid
<input type="checkbox"/> Home Maker	<input type="checkbox"/> Infusion Therapy	<input type="checkbox"/> Maternal/Child	<input type="checkbox"/> Medical Adult Day Care
<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Respite Care	<input type="checkbox"/> Sitter	<input type="checkbox"/> Skilled Nursing
<input type="checkbox"/> Other _____			

Please complete and sign page two of your membership application. All active and renewing members **MUST** have a completed and SIGNED application on file at the NPDA office. Incomplete or unsigned applications will be returned.



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**STEP THREE: Read, Agree to Terms and Sign**

1. Does your organization employ (issue W-2's) to at least 90% of its field service staff?  Yes  No
2. Do you directly or indirectly operate a registry model in addition to an agency model (for this purpose, a "registry model" means an entity that employs less than 90% of its direct care staff.)?  Yes  No

As a member of NPDA I certify that I provide for my clients the following services:

- *Creates a plan of care, service plan, or care plan for each of our clients.*
- *Conducts a criminal background check and checks for references for each of our direct care staff.*
- *Maintain 24/7 on-call accessibility to a staff member for after hours emergencies.*
- *Performs periodic supervisory visits for each of our clients.*
- *Maintain Worker's Compensation coverage and carry professional liability insurance as required by law.*

If membership eligibility is questioned, NPDA has the right to require proof of eligibility, including proof of business model. By submitting this application, I certify that our company employs at least 90% of its caregiving staff and does not, directly or indirectly operate a registry model home care business. I hereby verify that the information provided on this application for is, to the best of my knowledge, correct, and that misrepresentation of information can result in denial of our application for membership or later termination of our membership. I understand that if any information furnished at anytime concerning our eligibility for membership is not correct, the dues we have submitted may be forfeited to NPDA. I understand that the membership benefits we receive are to be used only by our company and its branches, if any, listed in Step One and Step Four and their employees. I understand that if we desire to change the Contact Person or Alternative Contact Person for our company, we are required to provide NPDA with a letter notifying NPDA of the change and names(s) of new Contact Person and/or Alternative Contact person. Furthermore, I understand that our membership in NPDA cannot be transferred to anyone. I am aware that information on contacting our company will be available for viewing by the public on the NPDA website. **I certify that the above information is true, and that my home care company does comply with all NPDA membership criteria:**

\_\_\_\_\_  
Signature of Contact Person

\_\_\_\_\_  
Date

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**STEP FOUR: Dues Schedule**

- Voting Membership:** Private duty home care agencies and individual franchises employing at least 90% of their workforce. Voting members shall have voting rights and can hold office or serve as an officer or Director of the Association. They also may chair any standing committee of the Association. **\$ 480.00**

Dues are based on a twelve-month period, for example, if you join in March 2010, your membership will expire February 2011. 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.

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**STEP FIVE: 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 86<sup>th</sup> Street, Suite 270

Indianapolis, IN 46240

Phone: (317) 663-3637

FAX: (317) 663-3640

www.privatedutyhomecare.org

Contributions to NPDA are not deductible as charitable contributions for federal income tax purposes. However, 95% 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 5% of your dues payment. **12/2009**