



Would you agree that private duty home care is the fastest growing segment of home care in America? Would you also agree there are incredible untapped opportunities as well as challenges to growing your private duty home care business? And would you also agree we can always learn more about our business by being actively involved with other leaders in private duty home care? If so, you'll want to know more about the National Private Duty Association (NPDA) – “The Voice of Private Duty Home Care.”

As the nation's first association for providers of private duty home care, NPDA members provide both home health care and non-medical home care services such as companion care, elder care, and in-home assisted living services. We currently have nearly 1,300 members and 24 state chapters across the country. Our members seek to enhance the strength and professionalism of private duty home care providers through education and identification of best practices. NPDA is recognized as the resource for information and definition of private duty home care practice.

The best investment for you to make in yourself and your business is membership in NPDA. Please complete the following membership application and return it with your payment information. You'll be glad you did!

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## NPDA Membership Application 2012 – Voting & Additional Location

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**SECTION 1: COMPANY INFORMATION**     **New Member**     **Renewal**

**Representative/Main Contact:** \_\_\_\_\_

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

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

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

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_ **Toll Free:** (\_\_\_\_) \_\_\_\_\_

**License Number:** (If applicable in your state) \_\_\_\_\_ **Date Business Established** \_\_\_\_\_

**\*E-mail for NPDA Communications:** \_\_\_\_\_

**E-mail listed on NPDA website:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Alternative Representative:** \_\_\_\_\_

**Alternative Representative E-mail:** \_\_\_\_\_

**Agency Structure:**     Non-profit     Hospital Based     Corporation     Franchise     Other \_\_\_\_\_

**How did you learn about NPDA?**     Website     Newsletter     Postcard     Mailing     Referral

**If referred, whom may we thank?** (Name/Company) \_\_\_\_\_

\*The majority of the information NPDA shares and provides to our members is done via e-mail. In order to receive the most benefit from your membership with NPDA, it is important to have the most current e-mail information. This information is used solely for the purpose of ensuring the most effective means of communication between NPDA and our members. NPDA does not sell, rent or make your e-mail address available to any 3<sup>rd</sup> party vendor.

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**SECTION 2: SERVICES PROVIDED**

**Please select the services the organization provides:**

- Attendant Care       Case Management       Companion Care       Home Health Aid       Home Maker
- Infusion Therapy       Maternal/Child       Medical Adult Day Care       Pediatrics       Respite Care
- Sitter       Skilled Nursing       Other \_\_\_\_\_
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**SECTION 3: MEMBERSHIP ELIGIBILITY & TERMS OF AGREEMENT**

**I agree 100% of the organization’s non-medical services are provided by caregivers who are W-2 employees.**

- Yes       No

**Is the organization directly or indirectly connected to another entity that operates a registry model?**

For this purpose, (a) a registry model means an entity that employs less than 100% of its direct care staff, and (b) “directly or indirectly connected” means where the organization and a registry are under common ownership or control.

- Yes       No

**As a member of NPDA, I certify that the organization provides the following services to our clients:**

- 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
- Maintains Workers’ 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 100% of the organization’s non-medical services are provided by caregivers who are W-2 employees and our organization does not directly or indirectly operate a registry model home care business. I hereby verify that the information provided on this application 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 employees. I understand that if we desire to change the representative/main contact, we are required to provide NPDA with a letter notifying NPDA of the change and name of new representative/main contact. 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.**

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**Signature of Representative/Main Contact**

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**Date**

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**SECTION 4: NPDA MEMBERSHIP DUES**

**Voting Membership: \$550**

Private duty home care agencies and individual franchises employing 100% of their non-medical caregivers workforce. Voting members shall have voting rights and can hold office or serve as an officer or Director or the Association. They may also chair any standing committee of the Association.

**Additional Location Membership: \$165** (Per each location) (Total Additional Locations = \_\_\_\_\_ x \$165 = \_\_\_\_\_)

Private duty home care agencies and individual franchises employing 100% of their non-medical caregivers workforce. Additional Location members shall have no voting rights but can hold office or serve as an officer or Director or the Association. They may also chair any standing committee of the Association.

In order to qualify for an Additional Location Membership, another branch location must first have voting membership status. Please see the following page for information necessary for Additional Location Membership.

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**SECTION 5: ADDITIONAL LOCATION INFORMATION** (If no Additional Location, go to Section 6)

**Additional Location Membership Information:**

**Voting Member Representative:** \_\_\_\_\_

**Voting Member Company Name:** \_\_\_\_\_

**Voting Member Company Address:** \_\_\_\_\_

**Voting Member Company City, State, Zip:** \_\_\_\_\_

**Additional Location Representative/Main Contact:** \_\_\_\_\_

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

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

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

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_ **Toll Free:** (\_\_\_\_) \_\_\_\_\_

**License Number:** (If applicable in your state) \_\_\_\_\_

**\*E-mail for NPDA Communications:** \_\_\_\_\_

**E-mail listed on NPDA website:** \_\_\_\_\_

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

**Agency Structure:**  Non-profit  Hospital Based  Corporation  Franchise  Other \_\_\_\_\_

**Please select the services the organization provides:**

- |   |  |   |  |                                       |
|---|--|---|--|---------------------------------------|
| <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 copy this page as needed if adding multiple Additional Location Memberships)

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**SECTION 6: CHAPTER MEMBERSHIP DUES** (Chapter membership is not required but is highly encouraged)

Please select one of the following: (NPDA Membership is required to be eligible for Chapter membership)

- Alabama Chapter: Dues = \$125**  
*(50% of chapter dues are used for lobbying expenses allowing 50% to be deducted as an ordinary business expense)*
- Alaska Chapter: Dues = \$100**  
*(10% of chapter dues are used for lobbying expenses allowing 90% to be deducted as an ordinary business expense)*
- Arizona Chapter: Dues = \$150**  
*(0% of chapter dues are used for lobbying expenses allowing 100% to be deducted as an ordinary business expense)*
- Northern California Chapter: Dues = \$500 for one office and \$125 per each additional location**  
**\*N. California Chapter dues of \$500 must be paid in full and cannot be paid in quarterly payments.**  
*(80% of chapter dues are used for lobbying expenses allowing 20% to be deducted as an ordinary business expense)*
- Southern California Chapter: Dues = \$100**  
*(0% of chapter dues are used for lobbying expenses allowing 100% to be deducted as an ordinary business expense)*
- Colorado Chapter: Dues = \$300 & Special Assessment = \$600** (Chapter will invoice and collect special assessment)  
*(0% of chapter dues are used for lobbying expenses allowing 100% to be deducted as an ordinary business expense)*  
*(100% of the special assessment is used for lobbying expenses allowing 0% to be deducted as an ordinary business expense)*
- Connecticut Chapter: Dues = \$100**  
*(10% of chapter dues are used for lobbying expenses allowing 90% to be deducted as an ordinary business expense)*
- Florida Chapter: Dues = \$750**  
*(10% of chapter dues are used for lobbying expenses allowing 90% to be deducted as an ordinary business expense)*
- Georgia Chapter: Dues = \$400**  
*(75% of chapter dues are used for lobbying expenses allowing 25% to be deducted as an ordinary business expense)*
- Illinois Chapter: Dues = \$150**  
**\*Please be sure to include your license number from IDPH on the first page of this application.**  
*(10% of chapter dues are used for lobbying expenses allowing 90% to be deducted as an ordinary business expense)*
- Iowa Chapter: Dues = \$75**  
*(0% of chapter dues are used for lobbying expenses allowing 100% to be deducted as an ordinary business expense)*
- Maryland Chapter:** Please contact NPDA Chapter Liaison Kevin Smith at (317) 663-3637 for more information.
- Michigan Chapter: Dues = \$300**  
*(90% of chapter dues are used for lobbying expenses allowing 10% to be deducted as an ordinary business expense)*
- Minnesota Chapter: Dues = \$100**  
*(0% of chapter dues are used for lobbying expenses allowing 100% to be deducted as an ordinary business expense)*
- Eastern Nebraska Chapter: Dues = \$10**  
*(0% of chapter dues are used for lobbying expenses allowing 100% to be deducted as an ordinary business expense)*
- New Mexico Chapter: Dues = \$60**  
*(0% of chapter dues are used for lobbying expenses allowing 100% to be deducted as an ordinary business expense)*
- North Carolina Chapter: Dues = \$125 (Charter Member)/\$75 (Others)**  
*(0% of chapter dues are used for lobbying expenses allowing 100% to be deducted as an ordinary business expense)*
- Ohio Chapter: Dues = \$125**  
*(10% of chapter dues are used for lobbying expenses allowing 90% to be deducted as an ordinary business expense)*
- Oklahoma Chapter: Dues = \$240 for one office and \$120 per each additional location**  
*(25% of chapter dues are used for lobbying expenses allowing 75% to be deducted as an ordinary business expense)*
- Greater Pittsburgh Chapter: Dues = \$50**  
*(100% of chapter dues are used for lobbying expenses allowing 0% to be deducted as an ordinary business expense)*
- Eastern Pennsylvania Chapter: Dues = \$200**  
*(10% of chapter dues are used for lobbying expenses allowing 90% to be deducted as an ordinary business expense)*
- Texas Chapter: Dues = \$25**  
*(0% of chapter dues are used for lobbying expenses allowing 100% to be deducted as an ordinary business expense)*
- Vermont Chapter: Dues = \$100**  
*(0% of chapter dues are used for lobbying expenses allowing 100% to be deducted as an ordinary business expense)*
- Washington Chapter: Dues = \$250**  
*(100% of chapter dues are used for lobbying expenses allowing 0% to be deducted as an ordinary business expense)*
- Wisconsin Chapter: Dues = \$75**  
*(0% of chapter dues are used for lobbying expenses allowing 100% to be deducted as an ordinary business expense)*
- No chapter currently exists in my state but I am interested in learning more about starting a chapter.**
- I do not wish to join a chapter at this time.**

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**SECTION 7: TOTAL AMOUNT DUE**

**NPDA Membership** = \_\_\_\_\_ (Amount from Section 4)  
**Chapter Membership** = \_\_\_\_\_ (Amount from Section 6)  
**Total Amount Due** = \_\_\_\_\_ (Amount from Section 4 & 6 combined)

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**SECTION 8: PAYMENT INFORMATION**

**Method of Payment:** (Please select one)     Check     VISA\*     MasterCard\*     Discover\*  
\*A 1-time convenience fee of \$15 will apply when using a credit card

Quarterly Credit Card Payment\*  
\*credit card expiration date must be valid through the next 12 months

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**SECTION 9: AUTHORIZATION AGREEMENT FOR CREDIT CARD PAY**

Credit Card #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
CSC #: \_\_\_\_\_  
Account Holder's Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Note To Members Paying by Credit Card:** You do the opportunity to cancel prior to the completion of this transaction by contacting the NPDA. There is a one time charge of \$15 for the convenience of using this alternate method of payment. If you are electing the option for quarterly payments, you are committed to paying the full annual dues which shall be charged over 4 payments.

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**SECTION 10: SUBMITTING THE APPLICATION & PAYMENT**

**Please make checks payable to: National Private Duty Association**

**Please mail application and payment to: National Private Duty Association  
941 E. 86<sup>th</sup> Street, Suite 270  
Indianapolis, IN 46240**

**If you prefer to fax your application, send to: (317) 663-3640**

Payment must accompany the membership application. Please allow 10-14 days for processing the application. Once processed a Membership Packet will be sent with information about your membership in NPDA.

Dues are based on a twelve-month period from the date on which your company joins. For example, if your membership begins April 1, 2012, your membership expires on March 31, 2013. This information will be provided in the Membership Packet you receive and will be stated on your Membership Certificate.

Contributions to NPDA are not deductible as charitable contributions for federal income tax purposes. However, 94% of your NPDA Membership dues payment is deductible as an ordinary business expense. NPDA estimates that 6% of the dues payment will be directed to lobbying expenses and is therefore not deductible in accordance to the Omnibus Reconciliation Act of 1993.