



# National Private Duty Association 2009 Associate Membership Application

## 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? \_\_\_\_\_

## Step Two: 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. \$ 700.00

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.

## ASSOCIATE MEMBERS

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    |
| <input type="checkbox"/> Other _____                                 |  |  |

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

- |  |   |                                   |                                     |
|--|---|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Accreditation   | <input type="checkbox"/> Billing                                    | <input type="checkbox"/> Clinical | <input type="checkbox"/> Financial  |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Information Technology/Information Systems | <input type="checkbox"/> Legal    | <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: Sign and Submit Application with Payment

### A. 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.

\_\_\_\_\_  
Administrator or Contact Person

\_\_\_\_\_  
Date

### B. Payment Information

Check Enclosed

Credit Card:      Visa       MasterCard

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Total amount enclosed of 2009 Membership Dues \$ \_\_\_\_\_ \$700.00 \_\_\_\_\_.

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**

**For office use ONLY**

**Date Paid** \_\_\_\_\_

Cash

Check      **Check Number** \_\_\_\_\_

Credit Card      **Authorization Number** \_\_\_\_\_