## **Nebraska Home Care Association**

## 2016 AGENCY PROVIDER MEMBER APPLICATION

(Please print and complete all information)

Agency/Company/Organization N	ame:		
Address:	City	St.	Zip
Phone No:	Fax No.:		
Website:	Email Address	s:	
Representative:	Title:		
lobbying activities, which are not to non-deductible, is 12.25%. Dues for Note: in year two (and future year revenues to include a minimum of is more than 100, plus an addition from any source including service S.T., M.S.W., R.T., I.V. Therapy, P.	ble as ordinary and necessary business expertance deductible. For 2016, the portion of you for the first year of membership are \$400.  s), your agency provider membership dues \$400.00 and a maximum of \$2,500.00. The all fee if your agency has multiple branch of supporting grants which are used to provide those Therapy, Supplies, DME, Nutrition, Helioto Therapy, Supplies, PME, Nutrition, Helioto Therapy, Suppl	will be assessed at 2.5/10 of 2% or is an additional fee if your ag affices or subunits. Patient revenue de patient care in the area of R.N.	y to lobbying, and therefore  (.0025) of patient gross ency's average daily census ues include monies received N., L.P.N., H.H.A., P.T., O.T.,
on-Wheels.  CALCULATE YOUR DUES First-Year Member: \$400  Total Dues: \$400			
Payment Method: •VISA •Master	Card •American Express •Discover •Check	k (Payable to Nebraska Home Ca	are Association)
Name as it appears on credit card			
Account#	Expiration Date/	Sec Code	
Signature			
Credit Card Bill Address:			

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

Nebraska Home Care Association 1633 Normandy Court, Ste. A, Lincoln, NE 68512

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