Nebraska Home Care Association

2016 ASSOCIATE MEMBER APPLICATION

(Please print and complete all information)

Company/Organization Name:			
Address:	City	St.	Zip
Phone No:	Fax No.:		
Website:	Email Addres	ss:	
Representative:	Title:		
Please list the types of products and/or ser private duty providers:	vices that your company/orga	anization offers to home he	alth, hospice and/or
Membership dues to the Nebraska Home of tax purposes. However, they may be tax of restrictions, related to association lobbying which is allocable directly to lobbying, an membership. If you join after January 201 Your dues amount is for the remaining more	deductible as ordinary and ned g activities, which are not tax and therefore non-deductible, is 6, pro-rated dues are calculate onths of membership in 2016.	cessary business expenses, a deductible. For 2016, the s 9%. Dues are pro-rated the ted by taking \$300 and divided	subject to federal tax portion of your dues e first year of
■ ASSOCIATE MEMBER DUES: §	<u>3300.00</u> per year		
Payment Method: □Visa □ MasterCard □ Association)	merican Express Discover	l Check (Payable to Nebraska	Home Care
A \$3 processing fee is assessed on all	credit card transactions.		
Name as it appears on credit card			
Account #	Exp	piration Date /	_ CID
Signature			
Billing Address for Credit Card			

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 When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.