

Nebraska Home Care Association

2016 FRIEND OF HOME CARE MEMBER APPLICATION

(Please print and complete all information)

Name: _____

Address: _____ City _____ St. _____ Zip _____

Phone No: _____ Fax No.: _____

Website: _____ Email Address: _____

Title: _____

Please list the types of products and/or services that your company/organization offers to home health agencies:

Membership dues to the Nebraska Home Care Association are not tax deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses, subject to federal tax restrictions, related to association lobbying activities, which are not tax deductible. For 2016 the portion of your dues which is allocable directly to lobbying, and therefore non-deductible, is 9%.

Dues must be received no later than February 1, 2016, or a late fee of 5% of the membership dues will be assessed.

FRIEND OF HOME CARE DUES: \$60.00 per year

Payment Method: VISA MasterCard American Express Discover Check (Payable to Nebraska Home Care Association)

Name as it appears on credit card _____

Account # _____ Expiration Date ____/____ Sec Code _____

Signature _____

Credit Card Bill Address: _____

Email Payment Receipt to: _____

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 When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

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