

Nebraska Home Care Association

2016 PRIVATE DUTY PROVIDER MEMBERSHIP APPLICATION

(Please print and complete all information)

Company/Organization Name: _____

Address: _____ City: _____ St.: _____ Zip: _____

Phone No: _____ Fax No.: _____

Website: _____ Email Address: _____

Representative: _____ Title: _____

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 12.25%.

PRIVATE DUTY MEMBER DUES:

Please choose from the following options:

___ \$150 for less than 1,000 billable hours for the fiscal year

___ \$250 if more than 1,000 billable hours for the fiscal 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: _____

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 When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

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