



## Associate Membership Application

Welcome to the only association in Virginia that focuses exclusively on Hospice and Palliative Care and the concerns of providers. We are the one association committed to improving end-of-life care and expanding access to all in need across the Commonwealth of Virginia.

### Benefits of Associate Membership include:

- Supports and strengthens the VOICE of hospices and palliative care in Virginia.
- Provides access to hospice and palliative care best practices across the Commonwealth.
- Targeted marketing opportunities via conferences, events, newsletters, and websites.

Sign and date this application and return via mail to VAHPC, P.O. Box 70025, Richmond, VA 23255-0025 or submit via email as a scanned attachment to [mwlindsey@virginiahospices.org](mailto:mwlindsey@virginiahospices.org).

Please remit your completed application with payment by check by **March 1, 2021**.

Make checks payable to VAHPC.

**Organization Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Credit Card #:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_ **CVV Code:** \_\_\_\_\_

**Card Billing Address:** \_\_\_\_\_

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

**Signature of Person Completing the Form:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Annual Associate Membership Dues = \$535**