

2023 ASSOCIATE MEMBER APPLICATION

(Please print and complete all information)

Com	pany/Organization Name:			
Addı	ress:	City	St.	Zip
Phon	e No:	Fax No.:		
Web	site:	Email Address:		
Repr	esentative:	Title:		
	se list the types of products and/or services the duty providers:	hat your company/organi	zation offers to home he	alth, hospice and/or
for in restri alloca	bership dues to the Nebraska Association for Ho come tax purposes. However, they may be tax d ctions, related to association lobbying activities, able directly to lobbying, and therefore non-dedu ASSOCIATE MEMBER DUES: \$400 5 must be received no later than February	leductible as ordinary and now the control of the c	necessary business expenses le. For 2023, the portion o	s, subject to federal tax of your dues which is
Payı	ment Method:			
	Check Payable to Nebraska Association for Home Healthcare and Hospice			
	Credit Card Payment: Click here to join.			
A \$3	processing fee is assessed on all credit card	l transactions.		
Cont associated industrial	Enclosed is a check payable to the Nebras	ho demonstrate support fo	or home care and hospice	e clients and the

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 When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.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 Association for Home Healthcare and Hospice | 3901 Normal Blvd, Suite 100, Lincoln, NE 68506 Phone: (402) 423-0718 • Fax: (402) 476-6547 • nehomehealthcareandhospice@assocoffice.net • www.nebraskahomecare.org