

## 2023 Individual Member Application

(Please print and complete all information)

Name:		Title:		
Company/Organization:				
Address:	City:	State:	Zip:	
Phone:	Fax:			
Website:	Email Address:			
Membership dues to the Nebraska Association for income tax purposes. However, they may b restrictions, related to association lobbying acallocable directly to lobbying, and therefore no Dues must be received no later than Feb.  Individual Member Dues: \$500.00 pe	e tax deductible as ordinary and necessary tivities, which are not tax deductible. For 2 con-deductible is 31%.  Oruary 1, 2023, or a late fee of 5% of	business expenses, su 2022, the portion of yo	ıbject to federal tax our dues which is	
Payment Method:				
☐ Check Payable to Nebraska Associati	on for Home Healthcare and Hospice			
☐ Credit Card – Click here to pay onli	ne.			
A \$3 processing fee is assessed on all crea	lit card transactions.			
Optional PAC Contribution: Contributions to the Nebraska Association association to support state senator candidindustry.				

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 When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

☐ Enclosed is my personal check made payable to the Nebraska Association for Home Healthcare and Hospice PAC for \$

Nebraska Association for Home Healthcare and Hospice | 3901 Normal Blvd, Suite 100, Lincoln, NE 68506 Phone: (402) 423-0718 • Fax: (402) 476-6547 • nehomehealthcareandhospice.net • www.nebraskahomecare.org