

Affiliate Membership Application



The Arizona Association for Home Care (AAHC) is a 501(c)6 non-profit trade organization and is an allied member of the National Association for Home Care (NAHC).

Eligibility: Affiliate Members are individuals and/or companies that are not defined as Provider Members —see categories below for additional information.

Membership Categories:

Vendor—A company that supplies products or services to the Home Care Industry.

Associate— A company that provides in-home services (i.e. Private Duty, Assisted Living) but IS NOT required to be licensed as a Home Health Agency.

Individual—A person with an interest in Home Care—employees/owners of Provider Members may not be Individual Members unless their agency is already a Provider Member.

Student— A person enrolled in an accredited educational institution or an approved nursing or therapy program.

“Live” Web Banner Logo Ad: A basic vendor membership as indicated above includes a linked listing on the “Find a Vendor” web page. Vendor Members may purchase additional placement on our website with a linked Web Banner Logo Ad on the home page and other prominent pages. Note: Web Links are listed alphabetically by company name.

Newsletter 1/2 Page Ad: Advertise in our full-color quarterly electronic newsletter— sign up for the year now and receive \$100 off the Members Only Price. Other sizes are available—contact AAHC for more information.

Important Information:

AAHC member dues* may be tax deductible as a business expense, please consult your tax advisor. Dues, payments or contributions to AAHC are not tax deductible as charitable contributions. AAHC estimates that the non-deductible portion of dues allocated to lobbying activities is 20%.

Member Name (if vendor or associate, list company here) _____

Key Contact Name _____

Mailing Address _____

City _____

State _____ Zip _____

Phone _____

Fax _____

Web site _____

E-mail _____

We primarily send information by email, please add info@azhomecare.org to your email “safe” list.

Who introduced you to AAHC? _____

Who would you like to introduce to AAHC?

Name _____ Phone _____

Dues per Year (check one):

Vendor..... \$325

Associate \$300

Individual..... \$175

Student..... \$50

Please indicate program:

“Live” Web Banner Logo Ad (1-Year)..... \$500

Email your JPG format logo to marie@capitolconsultingaz.com.

Newsletter 1/2 Page Ad (4 issues) \$300

This is a \$100 savings!

Total Enclosed: \$ _____

Payment:

Please make check payable to AAHC—mail application and payment to address below.

ARIZONA ASSOCIATION FOR HOME CARE

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E-mail: marie@capitolconsultingaz.com

Tax ID: 86-0478134