CHAPCA Professional Membership Form

Name: _____

Organization: _____

Job Title: _____

Licenses: _____ **License #:** _____

Address: _____

City, State, Zip: _____

Phone: _____ **FAX:** _____

E-Mail: _____

CHAPCA
California Hospice And Palliative Care Association

MEMBER BENEFITS:

ALL MEMBERS of CHAPCA receive the following benefits with membership:

- Regulatory presence with CMS, DPH, DSS, OSHPD and other state agencies
- Legislative advocacy
- Member communications about the latest research and trends in hospice and palliative care
- Significant discounts on hospice education
- Technical assistance
- Networking opportunities

Provider and Associate members receive additional benefits. *To find out if you are selecting the best membership category for your needs, please visit the CHAPCA website at http://calhospice.org or call our office at 916-925-3770.*

Membership Agreement:

As an applicant to the California Hospice & Palliative Care Association, I do affirm to voluntarily abide by and support the goals and objectives of the organization. In addition, I agree to accept fax and e-mail communications from CHAPCA relative to the business of the Association and the Foundation.

_____ _____ _____

Signature of Applicant | Printed Name | Date

Dues to CHAPCA are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. However, a portion of dues is not deductible as a business expense to the extent that CHAPCA engages in lobbying. The nondeductible portion of dues is currently 7%.

PROFESSIONAL MEMBERSHIP DUES $125

Method of Payment:

❒ Check (Payable to CHAPCA) ❒ AMEX ❒ MasterCard ❒ Visa

Card No: _____ Exp. Date: _____ Card ID #: _____

_____ _____

Signature (required if using credit card) | Name on credit card (please print)

_____ _____

Card Billing Address | City, ST, Zip

Send Application with Payment To:
CHAPCA, 3841 North Freeway Blvd., Ste. 100, Sacramento, CA 95834; FAX 916-925-3780