



Home Healthcare Nurses Association Membership Application

New Member

Renewal

Member ID (if known): _____

Name and Title _____ Email address _____

Agency / Organization Name _____

Address _____

City/State/Zip _____

Telephone Number _____ Fax Number _____

Company Web Address _____

2017 Home Healthcare Nurses Association Membership Dues	2017 Dues
<p>Payment in Full Individual Membership for 2017 \$100</p> <p><i>All dues amounts are annual and calendar based</i></p>	<p>\$ _____</p>
<p>Total Payment Enclosed \$ _____</p>	

If you have any questions, please contact Membership at membership@nahc.org

Please send this form and payment by:

Fax: 202-547-3660

**Mail: NAHC BANK LOCK BOX,
PO Box 37558, Baltimore, MD 21297-3558**

Association dues payments, to NAHC or otherwise, are not tax deductible as charitable contributions, Sections 501[c]5 and [c]6. The Internal Revenue Code limits the amount of business expense deductions for dues paid to an association that engages in lobbying activities even if dues are not used for lobbying; the amount excluded for 2017 is 15% based on IRS criteria.

Payment Information:

Check Enclosed Check Number: _____
Visa Master Card American Express Discover

 Credit Card Number _____ Expiration Date _____

 Print name as it appears on card _____ Billing Zipcode _____

 Signature of Cardholder _____