



**2008 NCHPP MEMBERSHIP APPLICATION – NASW SOCIAL WORKERS**

**General Information**

Full Name: \_\_\_\_\_ Degrees: \_\_\_\_\_  
 Title: \_\_\_\_\_ Email: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_  
 I wish to receive membership materials at:  Office  Home  
 I am a paid staff member:  Full-Time  Part-Time  
 I am a volunteer:  Full-Time  Part-Time

**Annual NHCPP Membership Dues (Choose one from each section)**

|  |   |
|--|---|
| <p><b>SECTION A: NCHPP Membership Dues</b> <span style="float: right;">\$ _____ (A)</span></p> <p><input type="checkbox"/> Student (attach proof of current student status).....\$79</p> <p><input type="checkbox"/> Employees of companies that are NOT eligible for NHPCO organization or provider membership.....\$149</p> <p><input type="checkbox"/> Employees of non-member hospice and/or palliative care programs or other organizations that ARE eligible for membership.....\$249</p> <p><input type="checkbox"/> Employees of NHPCO member hospice and/or palliative care programs (include provider name and number) .....No Fee</p> | <p><b>SECTION B: International Postage Fee</b> <span style="float: right;">\$ _____ (B)</span><br/>(if applicable)</p> <p><input type="checkbox"/> Canadian Residents.....add \$10</p> <p><input type="checkbox"/> Residents outside the US and Canada.....add \$20</p> |
|  | <p><b>SECTION C: Additional Subscriptions</b> <span style="float: right;">\$ _____ (C)</span><br/>(if applicable)</p> <p><input type="checkbox"/> Journal of Pain and Symptom Management.....\$160 (12 issues/year)</p>   |
| <p><b>TOTAL AMOUNT DUE (Sum of A, B and C)</b> <span style="float: right;">\$ _____</span></p>   |   |

VISA  MasterCard  American Express  Check (payable to NHPCO) Check # \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name on Card (Print) \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**(Office Use Only)**

Batch# \_\_\_\_\_

ID # \_\_\_\_\_

CC Auth Code \_\_\_\_\_

Initial \_\_\_\_\_

Date \_\_\_\_\_

**NCHPP Sections/Listserve**

Please indicate your preferred NCHPP membership section. Because hospice professionals work in a variety of disciplines, you may join up to two sections. Please put a check by the two disciplines that you are interested in. Indicate primary and secondary by marking "1" and "2" in front of your choices. You will be automatically enrolled in the listserve for your primary section unless you opt out of all email communication below.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Allied Therapist                 | <input type="checkbox"/> Development/ Public Relations/ Marketing  | <input type="checkbox"/> Physician                      |
| <input type="checkbox"/> Bereavement Professional         | <input type="checkbox"/> Finance/ Information Systems              | <input type="checkbox"/> Research/Academics/Education   |
| <input type="checkbox"/> CEO/ Executive Director          | <input type="checkbox"/> Nurse                                     | <input type="checkbox"/> Social Worker                  |
| <input type="checkbox"/> Certified Nursing Assistant      | <input type="checkbox"/> Quality Assurance/Performance Improvement | <input type="checkbox"/> Spiritual Caregiver            |
| <input type="checkbox"/> Clinical & Operations Management | <input type="checkbox"/> Pharmacist                                | <input type="checkbox"/> Volunteer/Volunteer Management |

I agree to let NHPCO send me faxes to the number listed above. Signature \_\_\_\_\_  
 I understand that without my permission, NHPCO unauthorized to send me faxes.

Please do not list my name in the NHPCO Membership Directory.

Please do not release my name to hospice-oriented vendors and educators.

NHPCO will not sell, rent or distribute your email address to any outside organization. NHPCO uses this medium to communicate membership related notices and benefits, as well as NHPCO related services such as conference information and Marketplace product announcements and sales. If you would prefer not to be included in the email distribution list, please check the preceding box.

**Please return this form with payment to: NHPCO, P.O. Box 34929, Alexandria, VA 22334-0909 or fax to: 703-837-1233**  
**For overnight or express delivery forward : NHPCO, 1700 Diagonal Road, Suite 625, Alexandria, VA 22314**  
**Please allow up to two weeks for processing. Questions? Call NHPCO's Member Service Center at 800-646-6460**