



Membership Information

The Arizona Hospice and Palliative Care Organization (AHPCO) is dedicated to advancing quality end-of-life care and serving as a voice and resource for its members and the communities they serve. This mission is accomplished by:

- Advocating for the provision of care according to hospice and palliative care principles that affirm quality of life for the terminally ill and which neither hastens nor postpones death.
- Supporting an interdisciplinary team approach to symptom management by providing care of the body, mind and spirit for individuals and their families, however defined.
- Providing education and assistance about hospice and palliative care and related issues to its membership and the public.
- Influencing legislation and regulatory processes through interpretation and clarification of hospice and palliative care concepts and standards of care to governmental and private sectors.
- Collaborating with other health care providers to assure continuity of care during the last stage of life.
- Ensuring access to hospice and palliative care by promoting the development of programs to underserved populations.

Membership Categories & Benefits

Provider Membership

Hospice Provider Member.....Census-Based**

An individual agency licensed as a hospice by the Arizona Department of Health Services and operating a hospice program consistent with the current Standards and Principles of the National Hospice and Palliative Care Organization. **\$2.50** per unduplicated patient admission in previous calendar year. (Minimum = \$100 Maximum = \$5,500)

Hospice and/or Palliative Care Corporation\$250*

A corporate or ownership entity, not licensed as a hospice, owning and operating more than one AzDHS licensed hospice provider site. * Dues are in addition to the dues calculated for each site (see application for more info).

Palliative Care Provider Member.....\$250

An agency or provider currently providing palliative care as defined in the AHPCO bylaws and not full hospice services.

Benefits:

- Education Programs on topics and concepts for all members of the Interdisciplinary Team.
- Members-only Discounts on all AHPCO education, events and materials.
- Access to state and national trends and updates relevant to End-of-Life and Palliative Care.
- Resources for federal and state regulations and legislation that impact providers.
- Member publications and e-communications plus the online Member Forum.
- Complimentary Listing in the *Find a Provider* search feature on the Patients/Families section of the website plus an exclusive opportunity to purchase a Linked Logo.

Individual Membership\$25

Open to individuals who desire to support hospice and palliative care concepts through affiliation with AHPCO*.

Benefits:

- Members-only Discounts on all AHPCO education, events and materials.
 - Member publications and e-communications plus the online Member Forum.
- *Individuals may not use their membership to solicit other members or otherwise promote any products or services.*

Associate Membership\$300

An institution, corporation or organization, other than a hospice or palliative care corporation, desiring to promote hospice and palliative care concepts through affiliation with AHPCO.

Benefits:

- Members-only Discounts on all AHPCO education, exhibit space at AHPCO events and advertising.
- Complimentary Listing in the *Find a Vendor* search feature on the Resource section of the website plus an exclusive opportunity to purchase a Linked Logo.
- Complimentary Listing in the AHPCO Newsletter.
- Member publications and e-communications plus the online Member Forum.



Membership Application (Individual & Associate)

Member Category (check one): **Individual Member (\$25)** **Associate Member (\$300)**

Company/Organization Name (Individual Members this may be left blank)

Name _____ Credentials / Designations _____ Telephone _____

Address _____ Fax _____

City _____ State _____ Zip _____ E-mail ** _____

***Note: most of our member communications are sent via email. Please add info@ahpco.org to your "safe list".*

Individual Members

Are you currently affiliated with a provider or company? Yes No

If Yes, please provide: Company Name _____

Capacity/Title _____ City/Site _____

I, the undersigned, understand that I may not use my Individual Membership to solicit other members or otherwise promote any products or services. I further understand the member discount I am able to receive only applies to individual registrations for conferences and events and not to exhibit space or advertising.

Signature: _____ Date: _____

Associate Members

Please indicate the URL you would like listed in the directory and E-Newsletter: _____

Yes! I would like to purchase a Logo with a Link on the Website (see below) *Please email your logo in jpg or gif format to info@ahpco.org.*

Dues Payment Information

<input type="checkbox"/> Individual Member		X	\$25	=	\$
<input type="checkbox"/> Associate Member		X	\$300	=	\$
<input type="checkbox"/> Logo with Link/Banner Ad on Website (annual fee)		X	\$500	=	\$
Total					\$

If paying by check, please make check payable to AHPCO and mail with completed form to:

Arizona Hospice & Palliative Care Organization, 1843 E. Southern Avenue, Tempe, AZ 85282

If paying by credit card, fax form to (480) 603-4141 OR **save time by joining online at www.ahpco.org**

For additional info, contact the AHPCO Office at (480) 491-0540. Thank you for your support of AHPCO!

Card Number (Amex, Visa or Mastercard Only) _____ Name on Card _____ Expiration Date _____ CVV _____

Signature _____ Card Billing Address _____ City/State _____ Zip _____

The Arizona Hospice and Palliative Care Organization is a non-profit 501(c)3 organization. Membership dues may be tax deductible, please consult your tax advisor. 0% of dues are spent on lobbying. Tax ID #: 86-0655760.