Indiana Association for Home & Hospice Care
2026 Associate Membership Application

Associate Membership

An Associate Member is a business that supplies goods and/or services for compensation to home care, personal service and hospice agencies, or their patients, but does not supply in-home personnel. Associate Members shall not have voting rights, shall not hold office or serve as an officer or Director of the Corporation nor chair any standing committee of the Corporation.

Associate Membership Levels:

- **Standard Associate Membership** $ 750
- **Classic Associate Membership** $2250
- **Premium Associate Membership** $5500

Please review the enclosed letter for eligible benefits under each membership level.

Step One: Company Information

Contact Person *(Person designated to receive mailings)*: _____

Provider/Company Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (_____) _____ **Fax:** (_____) _____

Toll Free Phone: (_____) _____ **Individual Work Email:** _____

Company Info Email: _____ **Website:** _____

Please check the type of products/services available to home health agencies:

- ❑ Accounting
- ❑ Advertising Specialties
- ❑ Billing Services
- ❑ Clinical Laboratory
- ❑ Collections/Recovery
- ❑ Compliance Programs
- ❑ Consulting*
- ❑ Employee Benefits
- ❑ Information Technology/Information Systems
- ❑ Insurance
- ❑ IV Support/Infusion
- ❑ Legal
- ❑ Medical Bill Review
- ❑ Medical Social Services
- ❑ Medical Supplies & Equipment
- ❑ OASIS/Clinical Pathways
- ❑ Palliative Care
- ❑ Patient Charting Equipment
- ❑ Pediatric Products
- ❑ Pharmaceuticals
- ❑ Printing & Forms
- ❑ Risk Management
- ❑ Software & Support
- ❑ Staff Development & Training
- ❑ Staff Leasing
- ❑ Therapy Services
- ❑ Other _____

***Note:** If a consulting firm, please check what type of consulting service(s) your company provides:

- ❑ Accreditation
- ❑ Billing
- ❑ Clinical
- ❑ Compliance
- ❑ Financial
- ❑ Other _____
- ❑ Hospice
- ❑ Info Tech/Info Systems
- ❑ Legal
- ❑ Management
- ❑ Mergers & Acquisitions
- ❑ Telehealth

Step Two: Electronic Version of the *iWeekly*

Your company can now receive the ***iWeekly*** electronically and save time and money! The electronic version of the ***iWeekly*** can be delivered to as many of your staff as you request. Please fill in the name and email address of the person(s) who would like to receive the ***iWeekly*** via email. If you need additional space please send on a separate sheet.

Name _____ E-Mail _____

Name _____ E-Mail _____

Name _____ E-Mail _____

Name _____ E-Mail _____

Step Three: Dues Amount

☐ Standard Associate Membership	$ 750
☐ Classic Associate Membership	$2250
☐ Premium Associate Membership	$5500

Note: Contributions to IAHHC are not deductible as charitable contributions for federal income tax purposes. However, 88% of your dues payment is deductible as an ordinary and necessary business expense. The Omnibus Reconciliation Act of 1993 provided that a taxpayer would no longer be able to deduct lobbying expenses. For IAHHC members, this means that the portion of dues directed to lobbying expenses is not deductible by the member/taxpayer. For 2026, we estimate this to be 12% of your dues payment.

Step Four: Sign and Submit Application

Signature Required

By this signature, I verify that the information provided on this application form is, to the best of my knowledge, correct. I understand that the membership benefits that we receive are only to be used by the company/provider listed in Step One and its employees. Furthermore, I understand that these benefits may not be transferred to another licensed agency or business, which does not hold membership in this association. Any misuse of membership rights and benefits may result in the termination of our membership. I am aware that information on contacting my company will be available for viewing by the public on the IAHHC website.

FCC Communication Consent: I understand that by providing my mailing address, email address, telephone number, and fax number, I consent to receive communications via regular mail, email, telephone and/or fax sent by or on behalf of Indiana Association for Home & Hospice Care (IAHHC).

_____ _____

Administrator or Contact Person Date

Step Five: Payment Information *(Payment MUST Accompany Application)*

Payment Summary

☐ 2026 Membership Dues from Step Three above $_____

☐ ***Optional:*** I would like to make a contribution to the *Hoosiers Helping Home & Hospice Care PAC* for Political Action & Public Education $ 50

TOTAL AMOUNT DUE $_____

Method of Payment

☐ Check (Made payable to IAHHC)

☐ Visa ☐ MasterCard ☐ American Express

Credit Card Number: ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___

Expiration Date: ___ ___ / ___ ___ Security Code: ___ ___ ___

Card Holder's Signature: _____

Card Holer's Billing Address: _____

Send completed application with check payable to:

IAHHC
6320-G Rucker Road
Indianapolis, IN 46220

Fax completed application with credit card payment to: (317) 775-6674

Register & pay on-line at IAHHC Membership Application . Please contact Katie Ociepka, Director of Development at (317) 775-6673 or katie@iahhc.org for any questions or if you would like for her to
If you have questions regarding Associate Membership, please contact the IAHHC Office at (317) 775-6675.

For IAHHC Use Only

Date Paid ___ ___ /___ ___ / 20_____ Check Number _____

Amount Paid $ ___ ___ ___ ___ CC Authorization_____

IAHHC

Indiana Association for Home & Hospice Care
Associate Membership Levels

Membership Benefits	Standard Associate	Classic Associate	Premium Associate
Included in all ongoing member education and communication	X	X	X
Free consultation	X	X	X
Access to RCTC	X	X	X
Logo on website	X	X	X
Printed & online search/member directory	X	X	X
Free listing in the *Home Care & Hospice Guide*	X	X	X
Access to member list	X	X	X
Participate in committees	X	X	X
Purchase ads & article in newsletters	X	X	X
Reduced iWeekly ad rates	X	X	X
Reduced rate at conference	X	X	X
Credit towards conference sponsorship		X	X
Logo recognition on the IAHHC Annual Conference Program		X	X
Logo recognition on the IAHHC Annual Conference signage		X	X
Logo recognition on signage in IAHHC Large Conference Room		X	X
Enhanced listing in online member directory		X	X
Participate in Webinars		X	X
Sponsorship of a 1-day class		X	
Sponsorship of a 2-day class			X
Provide a 15-minute presentation to the IAHHC Board of Directors			X
Access to member email list*			X
Membership Dues	**$750**	**$2,250**	**$5,500**

* Premium Associate Members have the opportunity to receive a complete IAHHC Member Email List for an additional $1,000 annual fee.