



Step One: Company Information for Main Location

Provider/Company Name: _____

Primary Contact Person (Person authorized to cast ballots on behalf of organization): _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Phone _____ Company Info Email _____

Fax _____ Individual Email: _____

Toll Free Phone _____ Website: _____

Number of Employees: FT: _____ PT/PRN: _____

This location offers this service: [] Personal Services (Non-medical) Type of Agency: [] Licensed PSA Only [] Not Licensed - Will Apply

This organization accepts (Please check all that apply): [] CHOICE [] Credit Cards [] LTC Insurance [] Private Pay [] VA [] Waiver

Please check the counties that this location serves:

- Grid of checkboxes for counties: Adams, Allen, Bartholomew, Benton, Blackford, Boone, Brown, Carroll, Cass, Clark, Clay, Clinton, Crawford, Daviess, Dearborn, Decatur, DeKalb, Delaware, Dubois, Elkhart, Fayette, Floyd, Fountain, Franklin, Fulton, Gibson, Grant, Greene, Hamilton, Hancock, Harrison, Hendricks, Henry, Howard, Huntington, Jackson, Jasper, Jay, Jefferson, Jennings, Johnson, Knox, Kosciusko, LaGrange, Lawrence, Madison, Marion, Marshall, Martin, Miami, Monroe, Montgomery, Morgan, Newton, Noble, Ohio, Orange, Owen, Parke, Perry, Pike, Porter, Posey, Pulaski, Putnam, Randolph, Ripley, Shelby, Spencer, Starke, St. Joseph, Steuben, Sullivan, Switzerland, Tippecanoe, Tipton, Union, Vanderburgh, Vermillion, Vigo, Wabash, Warren, Warrick, Washington, Wayne, Wells, White, Whitley

Services provided: [] Attendant Care [] Respite Care [] Companion Care [] Sitter [] Home Maker [] Other _____ [] PERS

Step Two: Additional Locations (See Page 3)

Please use the attached sheet to identify all additional locations under your license number. If a location has its own license number, it does not qualify to be an additional location and must join as a Voting member.

Step Three: Additional Staff (See Page 4)

Please use the attached sheet to identify additional staff that you would like to receive correspondence from IAHC. This will also make online event registration easier as your employees will already be in the system.

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 Two 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 IAHC 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 (IAHC).

Administrator or Contact Person

Date

Step Four: Calculate Your Dues

2023 Revenue Less Contractuals	2024 Dues
New Member Rate**	\$610
\$1 - \$250,000	\$ 620
\$250,001 - \$500,000	\$793
\$500,001 - \$1,500,000	\$1339
\$1,500,001 - \$2,500,000	\$2,742
\$2,500,001 - \$3,500,000	\$4,505
\$3,500,001 - \$4,500,000	\$5,968
\$4,500,001 - \$5,500,000	\$8,279
\$5,500,001 - \$7,500,000	\$9,865
\$7,500,001 - \$8,500,000	\$10,958
\$8,500,001 - \$10,000,000	\$11,514
\$10,000,001 - \$11,000,000	\$12,177
\$11,000,000 & Up	\$12,570
Membership extends one year from the month you join.	

Your IAHC dues will be based on your previous 12 months collected revenue generated from your license number.

To view your previous year's dues, the primary contact listed on page one may log in to www.iahhc.org and choose 'Update My Profile' to access organization information.

Note: Contributions to IAHC 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. This means that the portion of dues directed to lobbying expenses is not deductible by the member/taxpayer. For 2024, we estimate this to be 12% of your dues payment.

**The new member rate is available only for new start-up agencies and agencies that have not been IAHC members in the past. "New" members exclude those agencies that were members in 2021, 2022 or 2023 and have been acquired or combined under a new organization.

Installment payment plans are available; eligibility will be determined by IAHC at time of need. Contact IAHC's Membership Director at (317) 775-6675 for more information.

Step Five: Payment Information (Payment MUST accompany application)

Provider/Company Name:

2024 Membership Dues Level: \$ _____

I affirm by my signature that the revenue level reported on this application is accurate.

Signature of CEO

Date

Signature of CFO

Date

Method of Payment

Check (Made payable to IAHC) Visa MasterCard

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: ____ / ____ Security Code: _____

Card Holder's Name (please print legibly): _____

Card Holder's Billing Address: _____

Contribute to Hoosiers Helping Home & Hospice Care PAC for Political Action & Public Education*: \$ _____

*Contributions to the PAC are optional, however a \$50 donation is recommended.

There are three ways to submit your application:
Mail: IAHC
 6320 – G Rucker Road
 Indianapolis, IN 46220
Fax: (317) 775-6674
Register Online: www.iahhc.org

Payment Summary:

Amount Due: \$ _____

PAC Contribution (optional) \$ _____

Total Amount Enclosed: \$ _____

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Date Paid ____ / ____ / 20____

Amount Paid \$ _____, _____

Check Number _____ CC _____

Step Two: Company Information for Additional Location

Please note: If this location has its own license, it is not eligible as an additional location. The location must join IAHHC with its own membership.

Provider/Company Name: _____

Primary Contact Person (Person authorized to cast ballots on behalf of organization): _____

Mailing Address: _____

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

Phone: (_____) _____ **Company Info Email:** _____

Fax: (_____) _____ **Individual Work Email:** _____

Toll Free Phone: (_____) _____ **Website:** _____

Number of Employees: FT: _____ PT/PRN: _____

This location offers this service: Personal Services (Non-medical) **Type of Agency:** Licensed PSA Only Not Licensed - Will Apply
(Please check ONE only)

This organization accepts (Please check all that apply): CHOICE Credit Cards LTC Insurance Private Pay VA Waiver

Please check the counties that this location serves:

- | | | | | | | | |
|--------------------------------------|-----------------------------------|-------------------------------------|------------------------------------|-------------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Adams | <input type="checkbox"/> Crawford | <input type="checkbox"/> Fulton | <input type="checkbox"/> Jasper | <input type="checkbox"/> Marion | <input type="checkbox"/> Parke | <input type="checkbox"/> Spencer | <input type="checkbox"/> Wabash |
| <input type="checkbox"/> Allen | <input type="checkbox"/> Daviess | <input type="checkbox"/> Gibson | <input type="checkbox"/> Jay | <input type="checkbox"/> Marshall | <input type="checkbox"/> Perry | <input type="checkbox"/> Starke | <input type="checkbox"/> Warren |
| <input type="checkbox"/> Bartholomew | <input type="checkbox"/> Dearborn | <input type="checkbox"/> Grant | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Martin | <input type="checkbox"/> Pike | <input type="checkbox"/> St. Joseph | <input type="checkbox"/> Warrick |
| <input type="checkbox"/> Benton | <input type="checkbox"/> Decatur | <input type="checkbox"/> Greene | <input type="checkbox"/> Jennings | <input type="checkbox"/> Miami | <input type="checkbox"/> Porter | <input type="checkbox"/> Steuben | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Blackford | <input type="checkbox"/> DeKalb | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Johnson | <input type="checkbox"/> Monroe | <input type="checkbox"/> Posey | <input type="checkbox"/> Sullivan | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Boone | <input type="checkbox"/> Delaware | <input type="checkbox"/> Hancock | <input type="checkbox"/> Knox | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Pulaski | <input type="checkbox"/> Switzerland | <input type="checkbox"/> Wells |
| <input type="checkbox"/> Brown | <input type="checkbox"/> Dubois | <input type="checkbox"/> Harrison | <input type="checkbox"/> Kosciusko | <input type="checkbox"/> Morgan | <input type="checkbox"/> Putnam | <input type="checkbox"/> Tippecanoe | <input type="checkbox"/> White |
| <input type="checkbox"/> Carroll | <input type="checkbox"/> Elkhart | <input type="checkbox"/> Hendricks | <input type="checkbox"/> LaGrange | <input type="checkbox"/> Newton | <input type="checkbox"/> Randolph | <input type="checkbox"/> Tipton | <input type="checkbox"/> Whitley |
| <input type="checkbox"/> Cass | <input type="checkbox"/> Fayette | <input type="checkbox"/> Henry | <input type="checkbox"/> Lake | <input type="checkbox"/> Noble | <input type="checkbox"/> Ripley | <input type="checkbox"/> Union | |
| <input type="checkbox"/> Clark | <input type="checkbox"/> Floyd | <input type="checkbox"/> Howard | <input type="checkbox"/> LaPorte | <input type="checkbox"/> Ohio | <input type="checkbox"/> Rush | <input type="checkbox"/> Vanderburgh | |
| <input type="checkbox"/> Clay | <input type="checkbox"/> Fountain | <input type="checkbox"/> Huntington | <input type="checkbox"/> Lawrence | <input type="checkbox"/> Orange | <input type="checkbox"/> Scott | <input type="checkbox"/> Vermillion | |
| <input type="checkbox"/> Clinton | <input type="checkbox"/> Franklin | <input type="checkbox"/> Jackson | <input type="checkbox"/> Madison | <input type="checkbox"/> Owen | <input type="checkbox"/> Shelby | <input type="checkbox"/> Vigo | |

Services provided: Attendant Care Companion Care Home Maker Personal Emergency Response System (PERS)
 Respite Care Sitter Other _____

Please photocopy for each additional location.

For Office Use Only

Parent Company: _____

Step Three: Additional Staff

Please list any additional staff you would like to receive correspondence from IAHHC. This will also make online event registration easier as your employees will already be in the system. You **MUST** include individual email addresses for each person. ***If you have more than one location, please indicate the office to which the person is assigned.***

Additional Staff Name: _____

Email Address: _____

Job Title: _____ **Office Location:** _____

Additional Staff Name: _____

Email Address: _____

Job Title: _____ **Office Location:** _____

Additional Staff Name: _____

Email Address: _____

Job Title: _____ **Office Location:** _____

Additional Staff Name: _____

Email Address: _____

Job Title: _____ **Office Location:** _____

Additional Staff Name: _____

Email Address: _____

Job Title: _____ **Office Location:** _____

Additional Staff Name: _____

Email Address: _____

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Email Address: _____

Job Title: _____ **Office Location:** _____

Additional Staff Name: _____

Email Address: _____

Job Title: _____ **Office Location:** _____

Additional Staff Name: _____

Email Address: _____

Job Title: _____ **Office Location:** _____

Additional Staff Name: _____

Email Address: _____

Job Title: _____ **Office Location:** _____

Additional Staff Name: _____

Email Address: _____

Job Title: _____ **Office Location:** _____

Please photocopy for any additional staff.

In order to keep our database up-to-date, please update staff profiles as information changes. Thank you.