



## Associate Membership Program

*"As a Patron it entitles me to be present at state organization receptions and mixers. These events are well organized and enable me to talk with an impressive group of people with whom I may not have had past opportunity to meet."*

-Paul Amundson, Lewis Longman & Walker

Since 1982, Florida Hospice & Palliative Care Association has been an established 501(c)(3) organization representing Florida's hospice programs. We were formed to be a unified voice for hospice programs in Florida, and have successfully done so through 30 years of dedicated service.

Our vision is that Florida will be the model state for hospice and palliative care services, and we accomplish that vision through the guidance of our mission statement, which is "to assure excellence and access to hospice care, and advocate for the needs of those in the final phases of life".

There are three reasons to become a member of FHPCA.

### **Showing You Care:**

As an Associate Member of FHPCA, you have an opportunity to show hospice providers, hospice patients and their families your support of hospice and palliative care in Florida. Our hospice provider member programs are some of the largest and most respected in the country, caring for more than 100,000 patients a year and touching countless family members and loved ones.

### **Expanding Your Reach:**

Becoming a member with FHPCA means you have the opportunity to reach 97% of the hospice programs that are operating within the state of Florida. Together these programs hire thousands of employees consisting of nurses, physicians, social workers, chaplains, compliance officers, among many others.

### **Gaining the Tools for Success:**

We value our Associate Members, and work hard to bring value to you and your company. We do this by offering multiple marketing and sponsorships opportunities that will help your company succeed in reaching your target audience. Along with the tools we have already prepared, we are also open to exploring new and different ideas to help you achieve your business goals.

*"Being an associate member of FHPCA is one of the most important memberships I participate in, it allows me to stay in touch with the important issues facing hospices in Florida and the people who are making a difference in the lives of dying people and their families. Being a part of this strong state association and network of leaders in the hospice field is invaluable to me personally and professionally."*

- Patti Moore, Watershed Group

*Expand your business, and show support for the programs that help bring quality end-of-life care to patients and their families across Florida by joining FHPCA today.*

## 2013 ASSOCIATE MEMBERSHIP BENEFITS

Join FHPCA and expose your brand to hundreds of hospice clinicians and leaders from around the state. These hospice professionals are responsible for treating upward of 100,000 patients each year and work for some of the largest hospices in the country.

MEMBER BENEFITS	Associate \$500	Patron Associate \$2,500	Corporate Patron \$10,000
Invitation to exhibit at FHPCA's annual Education Forum and Tradeshow - <i>additional costs apply</i>			
Company listing in the Member Directory - <i>distributed to all Hospice Provider Members</i>			
Access to the complete member directory of FHPCA			
A company listing as an Associate member on FHPCA's website			
Subscription to our E-Newsletter			
A digital 'FHPCA Hospice Supporter' badge to use on your company's website			
A Quarterly Associate Member Newsletter – <i>new benefit beginning 2013!</i>			
Member Services support - <i>Monday through Friday</i>			
Discounted rates for advertising space on website and E-Newsletter			
Join FHPCA committees and serve along side FHPCA Hospice Provider Members	X		
Face-to-face networking opportunities with FHPCA Hospice Provider Members	X		
Sponsorship opportunities throughout the year, including title sponsorship of educational seminars, webinars, and Board events	X		
An opportunity to demonstrate your company's expertise to FHPCA's Hospice Provider Members by proposing educational topics and/or faculty for our online training webinars and/or annual Education Forum	X		
A chance to submit content to FHPCA's E-Newsletter – <i>sent to all FHPCA board members</i>	X		
Highlighted once a year in 'Patron Spotlight' section of FHPCA's E-Newsletter	X		
Year long advertising in weekly E-Newsletter and on front page of website	X	X	
Monthly promotion on FHPCA's social media networks	X	X	



# FLORIDA HOSPICE & PALLIATIVE CARE ASSOCIATION

## MEMBERSHIP APPLICATION

### Associate Member

Florida Hospice & Palliative Care Association (FHPCA) invites you to join the Associate Membership program for 2013. Your dollars contribute to our community based and directed hospice programs that provide so many extra services to their communities. Please complete and return this application and we will begin processing your membership. This application can be mailed, faxed, or e-mailed to our office based on your preferred method of payment.

EACH APPLICANT IS REQUIRED TO COMPLETE THIS FORM IN ITS ENTIRETY. IF NECESSARY, PLEASE USE "N/A" INSTEAD OF LEAVING BLANK LINES. ALL QUESTIONS CAN BE DIRECTED TO MEMBERSHIP SERVICES AT FLORIDA HOSPICE & PALLIATIVE CARE ASSOCIATION (FHPCA), AT (877) 783-1922. *We recognize the highly confidential nature of some of this information. It will only be used by FHPCA in case of an emergency.*

#### APPLICATION (PAGE ONE)

Business Name:	
Mailing Address:	Category: <input type="checkbox"/> Corporate Patron Associate Member <input type="checkbox"/> Patron Associate Member <input type="checkbox"/> Associate Member
Office Phone: Toll Free Phone:	Website:
Fax:	Business Email:
I was referred to by:	

#### PRIMARY CONTACT INFORMATION:

Prefix: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/>	First:	Last:
Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Rev. <input type="checkbox"/>		
Suffix: <input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> BSN <input type="checkbox"/> MSW <input type="checkbox"/> Ph.D. <input type="checkbox"/> Other:		
Business Name:	Job Title:	
Mailing Address:		
Work Phone:	Email:	
Cell Phone:		

**SECONDARY CONTACT INFORMATION:**

Prefix: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Rev. <input type="checkbox"/>	First:	Last:
Suffix: <input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> BSN <input type="checkbox"/> MSW <input type="checkbox"/> Ph.D. <input type="checkbox"/> Other:		
Business Name:		Title:
Mailing Address:		
Work Phone:		Email:
Cell Phone:		

**ADDITIONAL CONTACT INFORMATION:**

Prefix: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Rev. <input type="checkbox"/>	First:	Last:
Suffix: <input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> BSN <input type="checkbox"/> MSW <input type="checkbox"/> Ph.D. <input type="checkbox"/> Other:		
Business Name:		Title:
Mailing Address:		
Phone:		Email:
Home Phone:		
Cell Phone:		

**BUSINESS CLASSIFICATION: (PLEASE CHECK ONLY ONE BOX)**

- Accreditation  Consultant  Durable Medical Equipment  Foundation  Insurance/Risk Management
- Legal Services  Medical Supply  Pharmaceutical  Publisher  Research and Education  Software Vendor
- Staffing Agency/Service  Other: \_\_\_\_\_

**BUSINESS DESCRIPTION:**

Please provide on the CD with your logo or include below a short (200 words or less) description of your business for use in the FHPCA Membership Directory. Enclose any descriptive brochures or other information that you would like FHPCA to have in its files.

Please type or print clearly.

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APPLICATION (PAGE THREE)

**PLEASE READ AND SIGN:**

*FHPCA is an IRS 501(c)(3) charitable organization and contributions may be tax deductible as charitable donations (less 5% for lobbying activities) or allowable business expense. Please consult your tax advisor.*

I understand that by providing my mailing address, e-mail, telephone number, and fax number, I consent to receive communications via regular mail, e-mail, telephone, and/or fax sent by or on behalf of FHPCA.

**SIGNATURE OF PRIMARY CONTACT:** \_\_\_\_\_

**DATE MEMBERSHIP ESTABLISHED:** \_\_\_\_\_

- CORPORATE PATRON ASSOCIATE MEMBERSHIP** **\$10,000.00**
- PATRON ASSOCIATE MEMBERSHIP** **\$2,500.00**
- ASSOCIATE MEMBERSHIP** **500.00**
- TOTAL INVESTMENT** **\$ \_\_\_\_\_ .00**

**PAYMENT INFORMATION:**

Make **checks** payable to Florida Hospice & Palliative Care Association, Inc.

- Visa**     **MasterCard**     **Discover**     **American Express**

Name on Credit Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

In order for your application to be processed, please ensure all of the following are included in your submission:

1. \_\_\_\_ Payment for 2013 membership.
2. \_\_\_\_ Application:
  - a. \_\_\_\_ Completed & signed renewal application.
  - b. \_\_\_\_ Updated business logo. Please email an electronic copy in .jpeg format to cheimann@floridahospices.org or provided on cd & mail to FHPCA with application.
  - c. \_\_\_\_ A short (200 words or less) description of your business for use in the FHPCA membership directory.
  - d. \_\_\_\_ Any descriptive brochures or other information that you would like FHPCA to have on file.

If you require an invoice, please request one at cheimann@floridahospices.org or (877) 783-1922.