

MEMBERSHIP WITH

FLORIDA HOSPICES AND PALLIATIVE CARE



*So what do you get as a member of Florida Hospices and Palliative Care?  
See the chart below for a look at what a FHPC membership can offer you and your business.*

MEMBER BENEFITS	Associate	Patron Associate	Corporate Patron
Invitation to exhibit at the FHPC annual Education Forum and Tradeshow (additional costs apply)	✓	✓	✓
Company listing in the FHPC Member Directory that is distributed to all Program Members	✓	✓	✓
Access to the complete member directory of FHPC and member services assistance	✓	✓	✓
A company listing as an Associate member on FHPC's website	✓	✓	✓
Subscription to our weekly E-Newsletter	✓	✓	✓
A FHPC 'Hospice Supporter' badge usable on your company's website or email	✓	✓	✓
Public Policy Updates from FHPC's Executive Director	✓	✓	✓
Face-to-face networking opportunities with FHPC Hospice Provider Members	X	✓	✓
Sponsorship opportunities throughout the year, including title sponsorship of educational seminars, webinars, and Board events	X	✓	✓
An opportunity to display your company's expertise to FHPC's Hospice Provider Members by proposing educational topics and providing the faculty for training	X	✓	✓
A chance to share your expertise by writing content for FHPC's blog	X	✓	✓
One free advertising, along with discounted rates for additional advertising, in FHPC's Weekly E-Newsletter and front page of FHPC's website	X	✓	✓
Free year long advertising on opportunities in FHPC's Weekly E-Newsletter and on the front page of FHPC's website	X	X	✓
Monthly promotion on FHPC's social media networks	X	X	✓
Advertising space on a 'Member Only Login In' page	X	X	✓



## MEMBERSHIP APPLICATION

When you join Florida Hospices and Palliative Care (FHPC), you can take pride in the fact that 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 HOSPICES AND PALLIATIVE CARE (FHPC), AT (850) 922-7717. IF THE PRE-FILLED INFORMATION IS INCORRECT, PLEASE MARK THROUGH IT AND MAKE CORRECTIONS TO THE SIDE. **We recognize the highly confidential nature of some of this information. It will only be used by FHPC in case of an emergency.**

### Business Information:

Business Name:	
Mailing Address:	Level of Membership: <input type="checkbox"/> Corporate Patron Member <input type="checkbox"/> Patron Associate Member <input type="checkbox"/> Associate Member
Telephone: Toll Free:	Website:
Fax:	Business Email:

**PRIMARY 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:		
Office Phone:  Cell Phone:	Email:	

**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:		
Office Phone:  Cell Phone:	Email:	

**BUSINESS CLASSIFICATION:**

(On the line below, write where you would list your business in the Yellow pages or by the Standard Industry Code)

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**LIST OF SERVICES YOU PROVIDE:**

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**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 FHPC Membership Directory. Enclose any descriptive brochures or other information that you would like FHPC to have in its files.

Please type or print clearly.

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**PLEASE READ AND SIGN:**

*FHPC 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 FHPC.

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

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

- |  |                     |
|--|---------------------|
| <input type="checkbox"/> Corporate PATRON MEMBERSHIP | \$10,000.00         |
| <input type="checkbox"/> PATRON ASSOCIATE MEMBERSHIP | 2,500.00            |
| <input type="checkbox"/> ASSOCIATE MEMBERSHIP        | 500.00              |
| <b>TOTAL INVESTMENT</b>                              | <b>\$ _____ .00</b> |

**PAYMENT INFORMATION:**

Make **checks** payable to Florida Hospices and Palliative Care, Inc.

Visa       MasterCard       American Express (check one)

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

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

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

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

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