



CONNECTIONS TO CULTIVATE
HOSPICE LEADERSHIP:

FHPCA Works for YOU



FLORIDA HOSPICE
& PALLIATIVE CARE ASSOCIATION



Affiliate Membership Program

Becoming a member with FHPCA means you have the opportunity to reach a vast portion of hospice programs operating in Florida.



Grow Your Reach

Reach 98% of the hospice programs operating in Florida. Together these programs hire thousands of employees consisting of nurses, physicians, social workers, chaplains, compliance officers, among others.



Tools for Success

FHPCA offers multiple marketing and sponsorships opportunities that will help your company to reach its target audience.



Showing You Care

As an Affiliate Member, your company has an opportunity to show providers, patients and their families your support of hospice in Florida.

Florida is Different

- **161,021 patients served** in 2021 by our Hospice Providers
- **98% of Hospice Providers** are members of FHPCA
- **Every Provider Member** has a seat on FHPCA's Board of Directors
- **Every employee** of a provider member is a member of FHPCA
- **Reach key leaders** and hundreds of clinicians by partnering with FHPCA
- **Support member research** opportunity to advance hospice care in Florida

Florida Provider Demographics

All provide some kind of ancillary service for patients and families



50% of the 20 largest hospice programs in the country are members of FHPCA



Innovative programs with varying needs



Average Daily Census ranges from 20-1,500



“As a Patron Associate Member of FHPCA for several years, we have had the opportunity to build longstanding relationships and engage with Florida Hospice Providers and FHPCA's Board of Directors during numerous events throughout the year. The FHPCA staff truly values the vendor community and affords many opportunities to connect with the Florida Hospice Community. I highly recommend the Affiliate Membership Program to those looking to serve the FL Hospice & Palliative Care market.”

—BRITNEY JASKOWIAK, STATESERV



Lets be Social:

[f](#) @FloridaHospices [t](#) [in](#) @FLHospicesPC

#FHPCAPatrons #ThankYouPatrons
#OurPatronsCare #MeetOurPatrons

Affiliate Membership Program

Join FHPCA and expose your brand to hundreds of hospice clinicians and leaders from around the state. The hospice professionals work for some of the largest hospices in the country.

MEMBER BENEFITS	ASSOCIATE	PATRON	CORPORATE PATRON
Face-to-face networking opportunities with hospice leadership		●	●
Join FHPCA committees and serve along side Hospice Provider Members		●	●
Access to the complete member directory of FHPCA	●	●	●
Highlighted in 'Patron Spotlight' in Newsletter		●	●
Invitation to exhibit at annual Forum & Tradeshow (additional fees apply)	●	●	●
Listed in FHPCA Member Directory - distributed to all Provider Members	●	●	●
Listed as a member on FHPCA's website	●	●	●
Member Services Support (Monday - Friday, 8:30am-5pm)	●	●	●
Full year advertising in FHPCA Newsletter, website landing page, and member login page			●
Subscription to monthly Newsletter and Quarterly Affiliate Newsletter	●	●	●
A chance to submit content to Hospice Executive (FHPCA newsletter sent to all board members and c-suite)		●	●
Sponsorship opportunities throughout the year		●	●
Promotion on FHPCA's website and social media networks		●	●
Opportunity to propose educational topics and/or faculty for online training webinars and/or annual Education Forum		●	●
A digital member badge to use on your company's website	●	●	●

Affiliate Membership Application



Florida Hospice & Palliative Care Association (FHPCA) invites you to join the Affiliate Membership program. 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 emailed 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 FHPCA BY CALLING (877) 783-1922 OR EMAILING INFO@FLORIDAHOSPICES.ORG.

We recognize the highly confidential nature of some of this information. It will only be used by FHPCA in case of an emergency.

BUSINESS INFORMATION:

Business Name:		
Mailing Address:		Membership Level: <input type="checkbox"/> Corporate-Patron <input type="checkbox"/> Patron <input type="checkbox"/> Associate
Office Phone: Toll Free Phone: Fax:		Website: Business email:
Social Media:	<input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> LinkedIn	<input type="checkbox"/> Google+ <input type="checkbox"/> Blog: <input type="checkbox"/> Other:
I was referred by:		

PRIMARY CONTACT:

This person will receive all communication from FHPCA events, news, renewals, etc.

First:		Last:
Prefix:	Suffix:	Job Title:
Business Name (if different):		
Mailing Address (if different):		
Work Phone: Cell Phone:	Email:	

EVENT CONTACT:

If the Primary Contact is not the person we should contact regarding an event, please provide that information below.

First:		Last:
Prefix:	Suffix:	Job Title:
Business Name (if different):		
Mailing Address (if different):		
Work Phone: Cell Phone:	Email:	

MARKETING CONTACT:

The person FHPCA should contact regarding promotion of your company through our various communications (i.e. blog, e-newsletter, website, etc.)

First:		Last:	
Prefix:	Suffix:	Job Title:	
Business Name (if different):			
Mailing Address (if different):			
Work Phone:		Email:	
Cell Phone:			

BUSINESS CLASSIFICATION (please check only one box):

- | | | | |
|----------------------------------------------------|----------------------------------------------------|-----------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Accreditation | <input type="checkbox"/> Foundation | <input type="checkbox"/> Medical Supply | <input type="checkbox"/> Research & Education |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Insurance/Risk Management | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Software Vendor |
| <input type="checkbox"/> Durable Medical Equipment | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Publisher | <input type="checkbox"/> Staffing Agency/Service |
| <input type="checkbox"/> Other: | | | |

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.

SIGNATURE OF PRIMARY CONTACT: _____

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

I further understand that events scheduled by the FHPCA Board of Directors are by invitation only and in order to attend any such event I must register by the deadline and provide all requested information. As an invited guest, I will honor the agenda as set by the board and will not schedule conflicting activities that might take away from the agenda.

- | | |
|------------------------------------------------------|-------------|
| <input type="checkbox"/> Corporate-Patron Membership | \$12,500.00 |
| <input type="checkbox"/> Patron Membership | \$3,000.00 |
| <input type="checkbox"/> Associate Membership | \$500.00 |
| Total Investment: | \$ _____ |

PAYMENT INFORMATION

- VISA Mastercard Discover American Express

Name on Credit Card: _____

Credit Card #: _____

Expiration Date: _____ Code: _____

Billing Address: _____

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

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

1. Payment
2. Application:
 - Completed and signed application
 - Company logo (.pdf or high quality .jpeg format)
 - Short (200 words or less) description of your business for use in the membership directory

Please send all materials and invoice requests to Member Services at info@floridahospices.org