

FACTS FOR YOUR VOYAGE INTO FHPCA'S AFFILIATE MEMBERSHIP

OUR HOSPICE PROVIDERS

FHPCA MEMBERSHIP

served more than
158,000 patients in
2022

in 2023, 100% of the
hospice providers in
Florida were members

EVERY EMPLOYEE

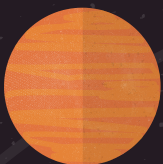
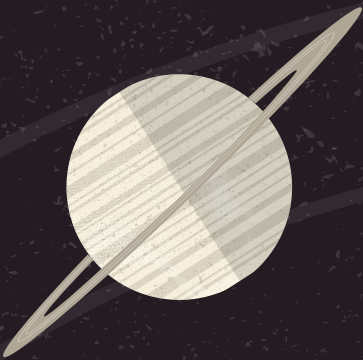
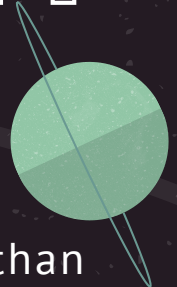
of a hospice provider
member is a member
of FHPCA

EVERY PROVIDER MEMBER

has a seat on FHPCA's
Board of Directors

FHPCA OFFERS

marketing, sponsorship
and advertisement
opportunities to reach
your target audience



Member Benefits

ASSOCIATE

PRICE: \$500

LEVEL: AFFILIATION

INCLUDES: ACCESS TO FHPCA MEMBERSHIP DIRECTORY, INVITATION TO EXHIBIT AT ANNUAL FORUM, LISTING IN FHPCA MEMBERSHIP DIRECTORY IN PRINT & WEBSITE, SUBSCRIPTION TO MONTHLY NEWSLETTER, FIRST OPTION FOR SPONSORSHIPS

PATRON

PRICE: \$3,000.00

LEVEL: RELATIONSHIP BUILDER

INCLUDES: ALL BENEFITS OF ASSOCIATE MEMBERSHIP PLUS

FACE-TO-FACE NETWORKING OPPORTUNITIES WITH HOSPICE LEADERS, AN INVITATION TO JOIN FHPCA STRATEGIC COMMITTEE TO SERVE ALONGSIDE HOSPICE PROVIDER MEMBERS, A HIGHLIGHT IN FHPCA NEWSLETTER, PROMOTION ON FHPCA SOCIAL MEDIA PLATFORMS, OPPORTUNITIES TO PROPOSE EDUCATION TOPICS & SPEAKERS FOR FHPCA EVENTS

CORPORATE PATRON

PRICE: \$12,500

LEVEL: PARTNER

INCLUDES: ALL BENEFITS OF PATRON MEMBERSHIP PLUS

A CHANCE TO SUBMIT CONTENT TO *HOSPICE EXECUTIVE* (FHPCA NEWSLETTER SENT TO ALL BOARD MEMBERS & C-SUITE), FULL YEAR ADVERTISING SPOT IN FHPCA NEWSLETTERS WITH ADDITIONAL AD PLACEMENTS AS YEAR PERMITS, FIRST REVIEW OF UPCOMING SPONSORSHIPS. ADDITIONALLY, FHPCA WILL WORK WITH YOUR TEAM TO DEVELOP UNIQUE OPPORTUNITIES TO INCORPORATE YOUR BRAND INTO THE EVENT SCHEDULE.

"Being an FHPCA Patron Member has helped our organization deepen relationships and learn from some of the best in the business to better serve the care at home industry. The FHPCA staff are great partners and make sure there are opportunities at every level. If you want to work in the Florida hospice and palliative care market, being a part of the Affiliate Membership Program will set you up for success."

**-Samantha Bates, Senior Director of Interoperability Sales,
Axxess**

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 or emailed to our office based on your preferred method of payment.

Any questions about Affiliate Membership and Benefits can be directed to Membership Services at FHPCA by calling (877) 783-1922 or emailing info@floridahospices.org. Please don't hesitate to reach out to provide updates about your company.

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:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Completed and signed application |
| <input type="checkbox"/> | Company logo (.pdf or high quality .jpeg format) |
| <input type="checkbox"/> | 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