



December 1, 2018

Dear Administrator,

It's hard to believe another year is almost behind us! HPCAA continues our work throughout the state and nationally to educate, advocate and improve access to quality hospice and palliative care. We've seen definite growth in Arkansas with providers and community becoming more aware of and interested in the services you offer!

With 2019 approaching, it is time to submit 2019 HPCAA Membership Application and Dues.

Governing Membership includes, but is not limited to:

- ✓ Savings of ~40% on every webinar registration (over 40 educational webinars offered annually)
- ✓ Savings of ~30% for every HPCAA conference registrant
- ✓ Free resources and tools via the HPCAA Members Only Webpage
- ✓ Complimentary listing on the HPCAA Website and inclusion in the community online directory
- ✓ Monthly and urgent e-communications with regulatory and legislative updates, including the HPCAA Newsletter and Quality & Compliance News publications
- ✓ A voice with AR Medicaid, Palmetto GBA, state and federal legislators, and state and national associations and provider organizations
- ✓ Opportunities to connect with other professionals in the end of life community
- ✓ Special invitations to community events hosted by HPCAA such as the annual Governor's Proclamation
- ✓ Ability to serve on your state association's committees and Board of Directors

Thank you, in advance, for your support to help us ensure that all in need receive the care they deserve when facing a serious illness.

Sincerely,
Lisa Vaden
HPCAA Executive Director



2019 PALLIATIVE CARE MEMBERSHIP APPLICATION

Membership is effective January 1 through December 31 annually

Note: Palliative care programs owned by a HPCAA member hospice organization are not required to complete a separate palliative care membership. Please ensure your hospice organization has included your information on their application.

Palliative Care Program or Individual Supporter Name (Individual's name if Associate Member application)

Phone Number

Toll-free Number

Fax Number

Address

City

State

Zip

Name of Governing/Voting Member

Title

Email Address

Agency Web Address

Name of Affiliated Hospital or Hospice if Applicable

Name of Contact Person for this Application

Contact Person's Phone Number

Please check type of membership:

Governing (Palliative Care Program/Department/Organization)

\$250.00

Individual (excludes voting privilege)

\$50.00

Governing Members:

Please check all services provided:

Outpatient Palliative Care Service

Adult

Pediatric

Inpatient Palliative Care Consultation Service

Adult

Pediatric

Inpatient Palliative Care Unit

Adult

Pediatric

Other (Please specify) _____

Governing Members:

List contacts from your palliative care program you would like to add to the HPCAA general distribution list (alerts, announcements, newsletters, etc.). Please print clearly

Name	Title	Email Address

Please complete and return application with check payable to HPCAA by **January 11, 2019**

Thank you for your support!