

HOSPICE & PALLIATIVE CARE ASSOCIATION OF ARKANSAS

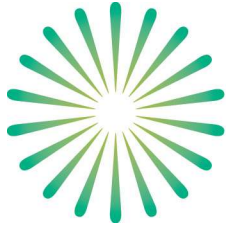
2019 Associate Member Application

HPCAA invites you to support hospice and palliative medicine across Arkansas through Associate Membership. Your dollars will contribute to communities throughout the state as HPCAA works to enhance knowledge of and access to quality care to those with serious illness. You will also help to ensure our efforts continue in providing high level education through workshops, conferences and webinars.

Associates may include organizations such as hospitals, nursing homes, home health care providers, personal care providers, funeral homes, product suppliers, associations, etc.

Associate Membership includes, but is not limited to:

- ✓ Face-to-face networking opportunities with hospice & palliative program leadership
- ✓ A highlight article in a 2019 HPCAA Newsletter
- ✓ Listed as an Associate Member on the HPCAA website including link to your website
- ✓ Year-long advertising in multiple HPCAA distributions (newsletter, website, member emails/updates)
- ✓ Subscription to HPCAA distributions (newsletters, member only website access, member emails/updates)
- ✓ A chance to submit content/article for a HPCAA Newsletter
- ✓ Expanding your reach to thousands of employees, patients and families showing your support for hospice and palliative medicine in Arkansas
- ✓ First invite for Sponsorship opportunities throughout the year (additional fees apply)
- ✓ Discounted Exhibitor fee (\$100 discount) for the 2019 Palliative Care Conference (Fall 2019)
- ✓ Opportunity to propose education topics and/or faculty for events and webinars



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2019 Associate Member Application

Membership is effective January 1 through December 31 annually

Each applicant is required to complete this form in its entirety. If necessary, use N/A instead of leaving blank lines. Please contact our office with any questions by calling (501) 375-1300 or emailing executivedirector@hpcaa.org.

Business Name:	
Mailing Address:	
Office Phone: _____ Toll Free Business Phone: _____ Fax: _____	Website: _____ Business Email: _____
Social Media Presence: Facebook _____ _____	Blog Other
Twitter _____	
Description of Product/Service (to be listed on our website): 	

Primary Contact:

This person will receive all communications from HPCAA regarding events, news, renewals, etc.

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

HPCAA Associate Membership is \$400 annually (January – December)

Please mail to HPCAA with your check in the amount of \$400

THANK YOU FOR YOUR SUPPORT!

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