

# CHAPCA Professional Membership Form

Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Licenses: \_\_\_\_\_ License #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
E-Mail: \_\_\_\_\_



## MEMBER BENEFITS:

### ALL MEMBERS of CHAPCA receive the following benefits with membership:

- Regulatory presence with CMS, DPH, DSS, OSHPD and other state agencies
- Legislative advocacy
- Member communications about the latest research and trends in hospice and palliative care
- Significant discounts on hospice education
- Technical assistance
- Networking opportunities

### PROFESSIONAL (INDIVIDUAL) MEMBERS also receive:

- Discounts for posting resumes in our job bank

*Provider and Associate members receive additional benefits. To find out if you are selecting the best membership category for your needs, please visit the CHAPCA website at <http://calhospice.org> or call our office at 916-925-3770.*

## Membership Agreement:

As an applicant to the California Hospice & Palliative Care Association, I do affirm to voluntarily abide by and support the goals and objectives of the organization. In addition, I agree to accept fax and e-mail communications from CHAPCA & CHF (California Hospice Foundation) relative to the business of the Association and the Foundation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

*Dues to CHAPCA are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. However, a portion of dues is not deductible as a business expense to the extent that CHAPCA engages in lobbying. The nondeductible portion of dues is currently 7%.*

## PROFESSIONAL MEMBERSHIP DUES \$95

### Method of Payment:

- Check (Payable to CHAPCA)    AMEX    MasterCard    Visa

Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Card ID #: \_\_\_\_\_

\_\_\_\_\_  
Signature (required if using credit card)

\_\_\_\_\_  
Name on credit card (please print)

\_\_\_\_\_  
Card Billing Address

\_\_\_\_\_  
City, ST, Zip

**Send Application with Payment To:**  
**CHAPCA, 3841 North Freeway Blvd., Ste. 225, Sacramento, CA 95834; FAX 916-925-3780**