

Community Care Program Homecare Providers

Allied Membership Application

SEND COMPLETED APPLICATION TO:

Illinois Association of Community Care Program Homecare Providers • 100 E. Washington Street • Springfield, IL 62701

Phone: 217-528-3183 • Fax: 217-528-6545 • info@iaccphp.org

Is this a new/first-time application? \Box Yes \Box No

STEP 1: PROFILE			
CONTACT INFORMATION			
Company Name:			
Mailing Address (for display on IACCPHP web directory):			
City:	State:	Zip:	
Phone:	Fax:		
Company Website:			
Billing Address (if different than above):			
City:	State:	Zip:	
Phone:	Fax:		
Primary Contact and Title:	Email:		
Administrative Contact Name and Title:	Email:		
Service/Product of Applicant:			

(Please see Step 3 to submit additional staff names and email addresses to be added to the IACCPHP member benefit electronic mailing list for the *Notebook*, the IACCPHP Member Forum and materials on upcoming IACCPHP educational events.)

STEP 2: ALLIED MEMBERSHIP APPLICATION

Allied membership is available to businesses or organizations that supply goods or services to home care providers.

Allied Membership - \$500

As an Allied member, your products and services will be listed in the Products and Services Directory which is available on IACCPHP's website, www.idoahomecare.org. When home care providers need specific tools and resources, they'll know exactly how to find you!

Other membership benefits include:

- Promotion Your logo and company description on the IACCPHP Website with links to your website.
- Free electronic resources Stay on top with up-to-the-minute Community Care Program and home care information through the members-only *Notebook*, IACCPHP members-only Listserv, and the Members Only section of the IACCPHP website, www.idoahomecare.org.
- Advocacy IACCPHP is your voice in Springfield and in Chicago.
- **Discounted educational opportunities** Conferences, workshops, audio conferences and webinars provide members with invaluable information covering a variety of topics.
- Opportunity to Contribute Allied members can contribute content for the Notebook or provide education to Provider members.
- Free Q&A Regulatory Resource Line Receive guidance from IACCPHP's regulatory experts.

Payment Method – Fax or Mail Check (payable to IACCPHP) Visa		Please mail your checks to: Illinois Association of Community Care Program Homecare Providers 100 E Washington St. Springfield, IL 62701 (217) 753-4433
Exp. Date:	Security Code:	Check #
Signature:		\$500
Signature/Title		Date

STEP 3: ADDITIONS TO MAILING LIST

Please list all additional employees to be added to the IACCPHP member benefit electronic mailing list to receive the *Notebook*, link to the IACCPHP List Serve and receive materials on upcoming IACCPHP educational events.

Name:		
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