



Illinois Association of  
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](mailto:info@iaccphp.org)

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

## STEP 1: PROFILE

### CONTACT INFORMATION

Company Name:

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Mailing Address (for display on IACCPHP web directory):

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City:

State:

Zip:

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Phone:

Fax:

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Company Website:

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Billing Address (if different than above):

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City:

State:

Zip:

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Phone:

Fax:

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Primary Contact and Title:

Email:

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Administrative Contact Name and Title:

Email:

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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 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: \_\_\_\_\_  
Title: \_\_\_\_\_  
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Email: \_\_\_\_\_

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