



HOME CARE, HOSPICE & PALLIATIVE CARE ALLIANCE OF NEW HAMPSHIRE

2019 Membership Form – For Individuals

Name _____
Address _____
Town, State Zip _____
E-mail address _____

Home Care, Hospice & Palliative Care Alliance of NH invites you to join at the Individual Membership level. We recognize and appreciate your value to our mission. Members in this category are often community members who have experienced the benefits of quality home care and hospice care, as well as colleagues who support our mission. Individual membership fee is \$150 for calendar year 2019.

Benefits of Membership:

- *The Alliance Insider* and *Hospice News Network* newsletters with timely state and national information
- Invitations and discounts to education events
- The satisfaction of supporting the only statewide organization dedicated to home care, hospice and palliative care through education, advocacy, networking, collaboration and community engagement

Payment Information

Annual Individual Membership Dues _____ \$150

I would like to make an additional donation of: _____

TOTAL DUE: _____

Check enclosed

Charge my credit card

Credit Card number _____

Expiration Date _____ CVV Code _____

Billing Address (if different) _____

Signature _____