



2010 Membership Application

Membership Renewal

If you are renewing membership, it is only necessary to complete section A of the membership application. To provide updated information, please complete the full application.

New Applicant

Please complete the full application.

Section A

Company Name: _____

Primary Contact: _____

Email: _____

Section B

Mailing Address: _____

City: _____ State: _____ Zip: _____

General Phone: _____ Fax: _____

Website: _____

Is your agency Medicare Certified? Yes No

MEMBERSHIP CATEGORIES (Please check one – Provider or Associate)

Provider Members are Home Health providers licensed by the State of Idaho, Idaho Hospice providers, Infusion providers or In-Home Service providers who deliver home care and supportive services in the home. **Dues are \$250 per year.**

Associate Members are organizations not licensed to provide care in Idaho, but who provide services or have an interest in the home care industry. **Dues are \$200 per year.**

Amount Enclosed \$ _____

**Mail Payment & Application to:
IAHC
250 Bobwhite Court, Suite 300
Boise, ID 83706**

The Association's membership year is January – December. Dues are payable on an annual basis and are **NOT** prorated