

# 2017-18 HFA Membership Renewal

HFA has served the hospice, bereavement, and end-of-life care field for more than 30 years. HFA members demonstrate a shared passion for continuous improvement and learning through high-quality, affordable professional education from the nation's top experts. Members also support HFA as a trusted provider of public information about advance care planning, serious illness, death and dying.

## Member Benefits

- ✓ Association with a trusted leader in the hospice and end-of-life care field.
- ✓ Discounts of up to 30% on HFA products, including programs, books, DVDs, self-study courses, *Journeys* special issues, and more!
- ✓ Exclusive access to members-only portal containing:
  - Supplementary *Journeys* articles for use in your publications.—
  - Monthly educational programs designed for use in your in-service education or educational events.
  - Complimentary content on bereavement, grief, volunteering, and caregiving to use in your brochures and publications.

Join online at  
[hospicefoundation.org](http://hospicefoundation.org)

Or send this form to us at:

1707 L Street NW, Suite 220  
Washington, DC 20036

Fax: 202-457-5815

Email:  
hfamember@hospicefoundation.org

## Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

*The members-only portal is available to this registered e-mail address.*

## Membership Dues *Please check the membership you are renewing:*

<u>Membership Type</u>	<u>Renewal</u>	<u>Additional Locations*</u>	<u># of Add'l Locations</u>
Individual	<input type="checkbox"/> \$45	n/a	n/a
Volunteer Hospice	<input type="checkbox"/> \$100	n/a	n/a
Non-Profit Hospice - ADC < 150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$25 per location	_____
Non-Profit Hospice - ADC ±150	<input type="checkbox"/> \$325	<input type="checkbox"/> \$45 per location	_____
Non-Profit Organizations (non-hospice)	<input type="checkbox"/> \$325	<input type="checkbox"/> \$45 per location	_____
For-Profit Hospices	<input type="checkbox"/> \$575	<input type="checkbox"/> \$65 per location	_____
For-Profit Organizations (non-hospice)	<input type="checkbox"/> \$575	<input type="checkbox"/> \$65 per location	_____

*\*Additional location fee applies to separate physical locations/addresses within an organization.*

## Payment Information

Total Due (include additional location fees) \$ \_\_\_\_\_  Check Enclosed  Visa  MC  Amex

Cardholder Name: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

\*Address: \_\_\_\_\_ Contact: \_\_\_\_\_ Email: \_\_\_\_\_

\*Address: \_\_\_\_\_ Contact: \_\_\_\_\_ Email: \_\_\_\_\_

**Please save this document before emailing or printing.**

**Have a Question? Call us at 202-457-5811**