

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

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
Hospice - ADC < 150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$25 per location	_____
Hospice - ADC \pm 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 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