

2021-22 HFA Membership

HFA has served the hospice, bereavement, and end-of-life care field for more than 35 years. HFA members demonstrate a shared passion for continuous improvement and learning through high-quality, professional education from the nation's leading experts. Members also support HFA as a trusted provider of public information and professional education and recognize the benefits of improving care at the bedside and beyond. Thank you for your renewal..

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

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emailing or printing.**

Follow us on social media

Follow us on Facebook, Instagram or Twitter to stay up to date on upcoming programs and deals on HFA products.

 **@hospicefoundation**

  **@hfahospice**

Contact Information

Name: _____ Phone: _____

Organization Name: _____

Address: _____

Email: _____

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

Facebook: _____ Twitter: _____ LinkedIn: _____

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

<u>Membership Type</u>	<u>Dues</u>	<u>Additional Locations†</u>	<u># of Add'l Locations</u>
Students and Early Professionals*	<input type="checkbox"/> \$30	n/a	n/a
Individual	<input type="checkbox"/> \$60	n/a	n/a
Volunteer Hospice	<input type="checkbox"/> \$150	n/a	n/a
Hospice- ADC < 150	<input type="checkbox"/> \$275	<input type="checkbox"/> \$25 per location	_____
Hospice- ADC ≥ 150	<input type="checkbox"/> \$375	<input type="checkbox"/> \$45 per location	_____
Non-Profit (Non-Hospice Organizations)	<input type="checkbox"/> \$385	<input type="checkbox"/> \$45 per location	_____
For-Profit (Non-Hospice Organizations)	<input type="checkbox"/> \$625	<input type="checkbox"/> \$65 per location	_____

*Visit <https://hospicefoundation.org/HFA-Products/Membership> for details. Please provide proof of status with this form.

†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: _____

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