

# 2022-23 HFA Membership

HFA has served the hospice, bereavement, and end-of-life care field for more than 40 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 support!

**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

**Please save this document before  
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 purchasing:*

<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: \_\_\_\_\_

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

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