

# Hospice Foundation of America 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](http://hospicefoundation.org)***

Or send this form to:  
1707 L Street NW, Suite 220  
Washington, DC 20036  
Fax: 202-457-5815

Email:  
hfamember@hospicefoundation.org

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## Contact Information

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

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

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

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

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

Facebook: \_\_\_\_\_ Twitter: \_\_\_\_\_ LinkedIn: \_\_\_\_\_

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

| <b><u>Membership Type</u></b>                           | <b><u>Dues</u></b>             |
|---|--------------------------------|
| Students, Early Professionals, & Retirees*              | <input type="checkbox"/> \$50  |
| Individual  | <input type="checkbox"/> \$75  |
| Volunteer Hospice                                       | <input type="checkbox"/> \$280 |
| Hospice- ADC < 150                                      | <input type="checkbox"/> \$640 |
| Hospice- ADC ≥ 150                                      | <input type="checkbox"/> \$840 |
| Nonprofit non-hospice organization/company/govt. agency | <input type="checkbox"/> \$645 |
| For-Profit non-hospice organization/company             | <input type="checkbox"/> \$875 |

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

**Member benefits will automatically renew unless you contact HFA to cancel your membership.**

## Payment Information

Total Due \$ \_\_\_\_\_  Check Enclosed  Visa  MC  Amex

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

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

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