



Affiliate and Individual Membership Application

(Membership year runs from 1 April to 31 March)

Any group, agency, institution or association supportive of the GHPCO mission and purpose is eligible to be a GHPCO Affiliate member. Any individual, consumer, or other person supportive of the GHPCO mission and purpose is eligible to be a GHPCO Individual member. Affiliate and Individual members are prohibited from voting in the election of GHPCO Board members.

Hospice Providers may NOT be affiliate members except in the case of provisional licensure.

Section I – Contact Information

Name: _____ Email: _____

Organization Name: _____ Title: _____

Address: _____

(Street)

(City)

(State)

(Zip)

Phone: _____ Alternate: _____ Fax: _____

Website (if applicable) _____

As a member of GHPCO, I consent to the use of my email address for receipt of organization mailings.

Section II – Membership Fees: (Check the box that applies to your membership and fill in Dues Amount)

- Affiliate Member: \$500** minimum, basic membership benefits, noted on GHPCO website as Affiliate Supporter with a clickable link to your website
- Non-Hospice Individual Member:** GHPCO charges Individual Members a flat dues rate of **\$100.00** per year. Individual members will receive the GHPCO newsletter and other pertinent mailings but will not have access to the provider-member page on the website.
- Hospice-employed Individual Member:** If your hospice agency is not a provider member of the organization, GHPCO charges **\$250** for an individual membership. You will receive the GHPCO newsletter and personal discounts for events but your membership is non-transferrable.

Total Dues Amount: _____

Section III – Contribution to support the work of GHPCO, a 501(c)(3) organization:

Anthony Leatherwood Leadership Legacy Scholarship donation: _____

Scholarship supports attendance for a rising hospice leader at the GHPCO annual conference and the NHPCO Management Development Program in Washington DC in honor of Anthony Leatherwood, former GHPCO board president and tireless hospice leader.

Section IV – Payment: Total enclosed: _____ Check (# _____)

Credit Card: VISA MASTERCARD AMERICAN EXPRESS Card #: _____

Name on card: _____ Exp date: _____ V-code: _____ Billing zip code: _____

Mail this form with payment to:

Or Fax to: 678-623-0175

GHPCO
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Paula Sanders, Chief Executive Officer