

Affiliate Membership Application

Oregon Association for Home Care 417 2nd St. Ste. 101 • Lake Oswego, OR 97034 Phone: (503) 364-2733 • Fax: (877) 458-8348 • www.oahc.org

Due January 31, 2023

<u>Affiliate Members</u> are organizations not licensed to provide home care in Oregon, but who provide services or products to the home care industry. Affiliate members are also individuals, active or retired, in allied health fields and not eligible for any other type of membership.

Agency / Company Name:		
Primary Contact:	nary Contact: Email:	
Mailing Address:		
City:	State:	Zip Code:
Physical Address:		
City:	State:	Zip Code:
Phone:	Fax:	
s your company (mark all that apply	$(c): \Box$ Out of State Home Health \Box Out of	of State Hospice Agency
	\Box DME / Medical Supply Provider \Box	Health Care Employment / Referral Service
	□ Out of State In-Home Provider □	Health Care Consultant 🛛 Other
Membership is from January 1 st	through December 31 st and includes on	e month of FREE advertising on the OAHC which month you prefer:
Membership is from January 1 st website. If you would like to take Dues Payment Please note that in order for you	through December 31 st and includes on e advantage of this offer, please tell us v r membership application to be process	e month of FREE advertising on the OAHC
Membership is from January 1 st website. If you would like to take Dues Payment Please note that in order for you and demographic information m	through December 31 st and includes on e advantage of this offer, please tell us v r membership application to be process	e month of FREE advertising on the OAHC which month you prefer:
website. If you would like to take Dues Payment Please note that in order for you and demographic information m Total Dues Amount: <u>\$498</u>	through December 31 st and includes on e advantage of this offer, please tell us v r membership application to be process	e month of FREE advertising on the OAHC which month you prefer: sed, all contact information, dues calculation
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Membership is from January 1 st website. If you would like to take Dues Payment Please note that in order for you and demographic information m Total Dues Amount: <u>\$498</u> Check (Make checks payable to OA For Credit Card Payments: UVi Name on Card:	through December 31 st and includes on a advantage of this offer, please tell us w r membership application to be process ust be provided. HC and mail to: OAHC, 417 2 nd St. Ste. 101, Lake sa \Box MasterCard	e month of FREE advertising on the OAHC which month you prefer: sed, all contact information, dues calculation Oswego, OR 97034)

Your <u>association dues are not deductible</u> as a charitable contribution for federal income tax purposes. The 1994 Federal Revenue Reconciliation Act requires that only dues payments not associated with lobbying/advocacy issued in <u>2023</u> may only deduct 80% as an ordinary and necessary business expense. For specific guidelines members are directed to consult their accountant.