**Missouri Hospice & Palliative Care Association**

**Membership Application Form**

**Indicate Membership Categories**

**\_\_\_Provider Member**

Provider Members shall be any association licensed by their state or certified by Medicare to provide hospice care. Membership is based on Medicare Provider #. Each provider number must be separate membership. Full voting rights.

*Annual Due are calculated by the total # of patients served in 2023 per DHSS Hospice Statistical Report (Line 40 total patients served from all payor sources) X $9.00 per patient.* ***NOTE minimum dues $500 and maximum dues $9,000****.*

**\_\_\_Associate Member (indicate type of Associate Membership)**

Associate Member shall be any association or institution which is not eligible for membership as a provider member, but which supports the purpose of the Missouri Hospice & Palliative Care Association. Non-voting member.

*Annual Dues $650.00*

**\_\_\_Developing Hospice Membership-** any association pending licensure by their state or certification by Medicare to provide hospice care.

**\_\_\_Professional Membership –** any institution which support the purpose of Missouri Hospice and Palliative Care Association.

**\_\_\_Palliative Care Membership –**any association providing care within a facility, a department of a facility, an outpatient clinic or any other health care setting primarily focused on providing palliative care services *Annual Dues $500.00*

**\_\_\_Individual Member**

Individual Members shall be any person interested in the hospice concept of care. Non-voting member. Hospice & Palliative Care Affiliated *Annual Dues $175*.00. Non-Hospice & Palliative Care Affiliated *Annual Dues $125.00*

|  |  |
| --- | --- |
| **Member Information** | |
| Organization  Name |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Administrative  Contact |  | Direct  Phone |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Email Address |  | | |
| Street  Address |  | | |
| City/State/Zip |  |
| Phone |  | Fax: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Payment  Method | Check ( )  Credit Card ( ) | Credit Card  Number | CVV Code \_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| Exp.  Date |  | Credit Card  Billing Address |  |
| Amount  Due |  | City/State/Zip |  |