

## 2023 Private Duty Provider Membership Application

(Please print and complete all information)

Company/Organization:			
Address:	City	State	Zip
Phone:	Fax:		
Website:	Email Address:		
Representative:	Title:		
Membership dues to the Nebraska Association for for income tax purposes. However, they may be to restrictions, related to association lobbying activity allocable directly to lobbying, and therefore non-private Duty Member Dues: \$500 per y	ax deductible as ordinary and necessar ities, which are not tax deductible. For deductible, is 31%.	y business expenses, s	ubject to federal tax
Dues must be received no later than Febru		f the membership d	lues will be assessed.
Payment Method:			
☐ Check Payable to Nebraska Association	for Home Healthcare and Hospice		
☐ Credit Card – Click here to pay online			
A \$3 processing fee is assessed on all credit of	card transactions.		
Optional PAC Contribution:  Contributions to the Nebraska Association fo association to support state senator candidate industry.  ☐ Enclosed is a check payable to the Nebras listed above for \$	s who demonstrate support for hom  ka for Home Healthcare and Hos	ne care and hospice of	clients and the

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

Nebraska Association for Home Healthcare and Hospice | 3901 Normal Blvd, Suite 100, Lincoln, NE 68506 Phone: (402) 423-0718 • Fax: (402) 476-6547 • nehomehealthcareandhospice.net • www.nebraskahomecare.org