



Annual Dues Statement

Kansas City Regional Home Care Association fiscal year is September 1 through August 31. Yearly dues are \$200.00 for provider members and \$50.00 for Honorary/ Courtesy members. Annual paid dues allow ONE vote as well as minutes of each meeting e-mailed to the voting member.

PLEASE PAY DUES BY SEPTEMBER 30, 2010

MEMBER (Voting privileges & actively participate on committees and the Board) **\$200.00**
Honorary/Courtesy (Home Care Providers are not eligible for this membership level) **\$50.00**

NAME OF ORGANIZATION: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE/FAX: _____

WEBSITE: _____

Make checks payable to Kansas city Regional Home Care Association, Inc. and mail to:
Pam Holmes KCRHCA
1925 E. Jamestown Dr.
Olathe, KS 66062

Any questions, please contact Teresa Borger, Membership Chairman, at 913-385-2636 or by email at teresaborger@comfortkeepers.com .

Please list our company under the following category: (check only one)

- | | |
|---------------------------|------------------|
| Home Health | Infusion |
| Hospice | Support Services |
| Private Duty | Other |
| Durable Medical Equipment | |

We provide the following services: (check all that apply)

- | | |
|-------------------------------|---------------------------|
| Intermittent Skilled Services | Transportation / Day Care |
| Private Duty | Supplemental Staffing |
| Hospice | Consulting / Management |
| Home Medical Equipment | Services |
| Respiratory Therapy | Other |
| Infusion Services | |

Please indicate the Committees you are interested in or want more information on:

Patient Care Improvement
Education
Membership
Ethics
Community Relations

Medical Social Work
Private Duty
Hospice
Volunteer

Who will be attending the monthly KCRHCA meetings? Please provide their names and email addresses.

Administrator: _____

E-mail address: _____

Voting Member: _____

E-mail address: _____

Clinical Manager: _____

E-mail address: _____

Therapy Coordinator: _____

E-mail address: _____

Social Worker: _____

E-mail address: _____

Private Duty Coordinator: _____

E-mail address: _____

Hospice Representative: _____

E-mail address: _____

Volunteer Coordinator: _____

E-mail address: _____

Chaplain: _____

E-mail address: _____

New Members Only – Prorated dues after September 30 th :			
Oct - \$187.00	Nov-\$170.00	Dec-\$153.00	Jan-\$136.00
Feb-\$119.00	Mar-\$102.00	Apr-\$85.00	May-\$68.00
June-\$51.00	July-\$34.00	Aug-\$17.00	