



Provider *Full* Membership

Available to any organization licensed in Wisconsin to provide direct home health goods or services. Agency Full Membership dues are 0.3% of annual agency total home health net revenue (net revenue = total agency revenue on page 5 of your most current state licensure line B6) with a minimum of \$500 and a maximum of \$5,000. Submit a copy of your most current Medicare cost report, tax form 990, relevant page(s) of an audited financial statement or other verifying document. Calculate dues using the stated formula.

Full Memberships earn you the full range of services, including:

- ✓ access to free members-only online CEU-approved education for your entire staff;
- ✓ receipt of free monthly home health aide newsletter, post-test and answer key;
- ✓ access to members-only web site pages, full of free tools, templates and information;
- ✓ receipt of free electronic dashboard reports and market analysis;
- ✓ discounts on all WHO workshops, conventions and products;
- ✓ participation of your staff in the WHO online networking forums (listservs);
- ✓ the right to vote at the WHO annual meeting;
- ✓ the right to serve on WHO task forces;
- ✓ the right to be elected to the WHO Board of Directors; and
- ✓ the right to be elected to regional leadership posts.

New this Year!!

- ★ You can choose between limited membership and full membership.
- ★ You can choose when your annual membership will begin (allows you to fit dues into your fiscal year more easily).
- ★ You can choose to join for two years and get a discount on dues.
- ★ If you are a current member of NAHC, dues are discounted by 50%.

Please all that apply

- home health agency home supportive services hospice
 home medical equipment hospital/system based free standing
 government based not-for-profit proprietary

Contact information

Agency name: _____
Designated representative: _____
Address: _____
City: _____ State: ___ Zip: _____ County: _____
Website URL: _____ Email address: _____
Counties served: _____
Phone number: _____ Fax number: _____

Calculate dues on the back of this page.



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Figuring your dues:

Step 1: total home health or hospice net revenue

\$_____ x 0.003 = \$_____

1-year full membership starting the first day of _____, 2010.

Full-year payment enclosed

Four quarterly installments of \$_____ will be made by the first day of membership and then every 90 days until membership is due for renewal. (Add a \$5 processing fee to each installment.)

2-year full membership starting the first day of _____, 2010.

Full two-year payment enclosed (10% reduction)

First year payment enclosed. Second payment due one year from start of membership.

Eight quarterly installments of \$_____ will be made by the first day of membership and then every 90 days until membership is due for renewal. (Add a \$5 processing fee to each installment.)

Step 2: Deductions

Dues calculated in Step 1: \$_____

-50% if a current NAHC member = \$_____

-10% if paying a two-year membership = \$_____

Step 3: Tax-deductible contribution to the Foundation: \$_____

Step 4: Total Enclosed \$_____

(\$500 minimum; \$5000 maximum)

Make checks payable and send to:

Wisconsin Homecare Organization
5610 Medical Circle, Suite 33 Madison, WI 53719

Questions?

608-278-1115

wishomecare@earthlink.net