



Provider *Limited* Membership

Available to any organization licensed in Wisconsin to provide direct home health goods or services. Agency Limited Membership dues are 0.2% of annual agency total home health net revenue (net revenue = total agency revenue on page of 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.

Limited Memberships earn you:

- ✓ 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.

(Full Memberships have additional important benefits, explained on the Full Membership form.)

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 0.002 = \$_____

1-year limited 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 limited 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; \$3400 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