



# LOUISIANA~MISSISSIPPI

HOSPICE AND PALLIATIVE CARE ORGANIZATION

## ASSOCIATE MEMBERSHIP APPLICATION

Complete this page of application and return it with your membership dues.

ALL INFORMATION CONTAINED WITHIN WILL BE HELD IN THE STRICTEST CONFIDENCE AND ONLY USED FOR END-OF-LIFE CARE RESEARCH.

LMHPCO is a not-for profit, 501 (c) 3 corporation. All donations made to LMHPCO qualify as tax-exempt deductions under the Internal Revenue Code, and are therefore deductible to the fullest extent of the law. As a nonprofit corporation, Louisiana-Mississippi Hospice and Palliative Care Organization, Inc., (sometimes herein referred to as "LMHPCO") is not formed for personal profit. No part of the net income or assets of LMHPCO is distributable to or for the benefit of its Members, its Directors, its Officers, or other private person. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publication or distribution of statements), any political campaign on behalf of or in opposition to any candidate for public office.

(PLEASE PROVIDE REQUESTED CONTACT AND DEMOGRAPHIC INFORMATION REQUESTED.)

This membership category is available to any suppliers, vendors and companies that support hospice & end-of-life care across Louisiana and Mississippi and supportive of the purpose and goals of LMHPCO. Please note: Licensed hospices are not eligible for Associate Memberships. Associates are non-Voting Members who will received our monthly publication, **The Journal** and weekly electronic Updates, including **HNN (Hospice News Network)**. Associate Members are listed on our website and receive membership rates at all LMHPCO conferences, workshops, educational events and webinars. Your membership provides you with access to technical assistance, networking capabilities and regulatory information.

**Associate Member dues are at a minimum: \$300.00 annually.**

_____	_____
Name	Contact Person
_____	_____
Mailing Address	City, State, Zip
_____	_____
Telephone Number	FAX Number
_____	_____
Website Address	E-mail Address

### Credit Card Payment Information (2.5% surcharge on credit card charges.)

Please check:  VISA  MasterCard  American Express  Discover Total Charge: \$ \_\_\_\_\_

Card # \_\_\_\_\_ Security Code \_\_\_\_ Exp. Date: \_\_\_\_\_

Name: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_

**PLEASE MAIL COMPLETED APPLICATION AND PAYMENT TO:**

LMHPCO, 717 Kerlerec • New Orleans, LA 70116  
Telephone: (504) 945-2414 • Toll Free: (888) 546-1500 • Fax: (504) 948-3908  
Email: LMHPCO@AOL.com • www.LMHPCO.org