



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.)

Associate Members are hospitals, suppliers, vendors, and companies that support end-of-life care across Louisiana and Mississippi and the mission of the LMHPCO. Associate member are listed in and receive a copy of the annual Membership Directory; are listed on our website; and receive our monthly **e-newsletter, The Journal**, as well as weekly internet and (HNN) **Hospice News Network** updates. Associate Members are also entitled to membership rates when attending all workshops sponsored by LMHPCO throughout the year, as well as a 50% discounted rate when exhibiting at LMHPCO's Annual Leadership Conference. Please Note: Licensed hospice providers are not eligible for Associate Membership.

Associate Member dues are at a minimum: \$600.00 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