



nebraska association
of home health agencies

advocate. educate. support.

2019 HOME HEALTH FOUNDING MEMBER APPLICATION

CONTACT INFORMATION

Name of Provider _____

Address _____ City _____ Zip _____

Phone _____ Fax _____

Website _____

**The information above will be listed in NAHHA's online directories.*

Director Information:

Name _____ Title _____

Email _____ Phone _____

Alternate Representative Information:

Name _____ Title _____

Email _____ Phone _____

2019 FOUNDING MEMBER INVESTMENT

Initial Contribution \$500	\$ _____
Plus \$50 Per Branch Office	\$ _____
Total Founding Member Investment	\$ _____

A Home Health Agency is any licensed home health organization that actively provides direct care to patients in their own place of residence. In order for a home health organization to become a member of Nebraska Association of Home Health Agencies, all branch locations must be listed on the membership form and calculated upon submission of dues. Home health agencies within an organization with branch locations may only become a member if all the providers of the organization become members of NAHHA.

PAYMENT INFORMATION

- Check Enclosed (Payable to NAHHA)
- Invoice
- Credit Card →

Cardholder's Name (PRINT) _____
Credit Card # _____
Expiration Date _____ CVC # _____
Cardholder's Billing Address, City, State, Zip _____

Cardholder's Email _____
Signature _____
Your signature on the line above will authorize this transaction. ↑

Signature _____ Date _____

PLEASE SEND APPLICATION FORM AND PAYMENT TO NAHHA

NAHHA, 1200 Libra Drive, Suite 100, Lincoln, NE 68512
Fax 402-475-6289
Email NAHHA@nehca.org

Questions? Contact Membership and Marketing at 402-435-3551 or nahha@nehca.org.

COUNTIES OF SERVICE _____

CITIES OF SERVICE _____

SERVICES

- OT
- PT
- SLP
- Nursing
- Aide
- DME
- Intravenous Therapy

STAFF MEMBERS

List any staff members below that should have access to the members-only section of nehca.org and be listed to receive NAHAA's e-newsletter.

1. Name _____ Email _____
Title _____
2. Name _____ Email _____
Title _____
3. Name _____ Email _____
Title _____
4. Name _____ Email _____
Title _____
5. Name _____ Email _____
Title _____