NDAHC North Dakota Association For Home Care
P.O. Box 2175 ● Bismarck, North Dakota 58502-2175
Phone 701-224-1815 ● www.aptnd.com/ndahc

North Dakota Association for Home Care
Membership Dues 2010

Agency Name: _____ Agency Type: _____

Address: _____City: _____State: _____ Zip: _____

Contact(s): _____

Phone: _____ Fax: _____ E-Mail: _____

Names and Addresses of Branch Locations: (Please list Branch information on following page)

Services Provided: _____

Counties Served: _____

_____

Counties Served prior to 2009, but no longer receiving services: _____

_____

Licensed Agency? _____ Licensure Date: _____ Medicare Certified? _____ Certification Date: _____

Type of membership (please check one of the following choices and enclose the corresponding fee)

☐ **Agency Membership** (for agencies licensed by the ND State Health Department and/or certified by Medicare):

Gross revenue for the last completed fiscal year X .0015
Minimum: **$500.00**
Maximum: **$1000.00**

Example: Gross revenue for the last completed fiscal year was $287,500.00
X .0015
$431.25

☐ **Associate Membership** (available to any organizations, institution, association or business interested in the advancement of home health services)**: $150**

☐ **Individual Membership** (available to individuals interested in the advancement of home health services and who are not employees of any agency or associate member)**: $75**

Please send to: Erica Cermak
The North Dakota Association for Home Care
PO Box 2175
Bismarck, ND 58502-2175

North Dakota Association for Home Care
Branch Membership Information

Name	Address	Contact	Phone	Fax	E-mail