



## **Application for Individual Membership- \$100/year (January 1 – December 31)**

This membership type is for individuals only, and not intended for agencies or businesses. The individual industry professional is the R.N., LPN, physician, home health aide, personal caregiver, student, retiree, or other agency employee or staff member who is interested in receiving all AZNHA updates and news information individually and directly. And for those who would like to contribute to the association by attending AZNHA education meetings, helping with the annual conference, or by serving on the Board of Directors or a Director's committee.

### **AZNHA Code of Business Ethics and Practices:**

The AZNHA Code is designed to promote honest and ethical conduct, including the avoidance, and unethical handling of conflicts of interest between clients, personal and professional relationships, and to ensure compliance with applicable laws, rules and regulations. It is also designed to facilitate and encourage prompt reporting of Code violations and to promote accountability for adherence to the Code and those principles underlying the Code.

It is the responsibility of all AZNHA members to maintain a business environment that fosters fairness, respect and integrity. It is the Association's policy that its members are lawful, highly principled and socially responsible in all business practices. All members are expected to become familiar with this Code and to apply these guiding principles in the daily performance of their business activities and responsibilities.

As an individual Member, it is your responsibility to be familiar with AZNHA's Code of Business Ethics and Practices and commit to hold industry providers accountable to following AZNHA's Code of Business Ethics and Practices.

### **This membership includes:**

- Listserv newsletter via email, email updates re: legislative news, CMS news, and AZNHA news.
- The opportunity to attend AZNHA functions such as member meetings, educational events and conferences.
- Networking opportunities with business and associate AZNHA members.
- A listing as an "Individual Member" on the AZNHA website.

### **Individual memberships do not include the following benefits that are part of agency or associate memberships:**

- Educational and vendor discounts
- Press Release service
- Representation opportunities at AZNHA-related events

If you have further questions about this Individual Membership level, please contact us at [information@aznha.org](mailto:information@aznha.org) or 602-283-3503.

#### **Arizona In-Home Care Association**

PO Box 8042, Tempe, AZ 85281

[www.AZNHA.org](http://www.AZNHA.org)

602-283-3503

[info@AZNHA.org](mailto:info@AZNHA.org)



## Application for Individual Membership

Name: \_\_\_\_\_ Office Tel: \_\_\_\_\_

E-mail: \_\_\_\_\_ Mobile: \_\_\_\_\_

Street/City/State/Zip: \_\_\_\_\_

Website (if any): \_\_\_\_\_ Fax (if any) \_\_\_\_\_

Are you affiliated with, or an employee or a company? Yes \_\_\_ No \_\_\_

If yes, please provide company name: \_\_\_\_\_

Are you licensed or certified in any capacity of health or home care? Yes \_\_\_\_\_ No \_\_\_\_\_

Licensure & Certification: (Only if you are in the health care field, i.e. hospice.) State License number(s) and type (if applicable): \_\_\_\_\_

Why do you want to be an individual member of AZNHA? Please use additional pages if necessary.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PAYMENT INFORMATION Individual Membership Annual Dues: \$100

Checks made payable and mailed to: AZNHA, PO Box 8042, Tempe, AZ 85281

To pay by credit card, please complete below and forward to the association office by mail at the address above, fax to 866-225-4610, or email to [information@aznha.org](mailto:information@aznha.org)

By Check (payable to AZNHA)  by Credit Card (complete the form below)

#### Credit Card Information: (the information on file with the credit card company)

Card holder name \_\_\_\_\_ Phone \_\_\_\_\_

CC billing address: \_\_\_\_\_  
Street address City State Zip

Email address \_\_\_\_\_

Card Type:  Visa  MasterCard  Discover  AmEx Amount paid: \$ \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ CSC # \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Notes

- Do you wish to receive an AZNHA receipt for this charge (sent via email)?  Yes  No
- Do you use, and do you wish to receive a supply of AZNHA brochures?  Yes  No

Credit card payments can only be made from this form, we do not have an online merchant services system.. AZNHA uses PayPal for credit card processing. As soon as PayPal has advised the payment has been accepted, all credit card information is blacked out from this, or any other form. No credit card information will ever be kept on file at AZNHA.

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