



Individual Membership Renewal

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): _____

Has any of your information changed since your last submission? Please use additional pages if necessary.

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

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. Once PayPal has advised payment acceptance, all credit card information will be deleted from this, or any other form. No credit card information will ever be kept on file at AZNHA.

Arizona In-Home Care Association

PO Box 8042, Tempe, AZ 85281

602-283-3503

info@AZNHA.org

www.AZNHA.org