



# Arizona In-Home Care Association Associate Member Profile

**Member Information**

Business Name: \_\_\_\_\_

Registered Name (if different from above): \_\_\_\_\_

Address: \_\_\_\_\_  
Street
City
State
Zip

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Counties Served: \_\_\_\_\_

**Weekly Operational Schedule:**

\_\_\_ 7 days/week    \_\_\_ Monday thru Friday only    Hours of Operation: \_\_\_\_\_

Available after hours?    \_\_\_ Yes    \_\_\_ No    After Hours Phone: \_\_\_\_\_

**Other business locations: .**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Services Offered :**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Business Information:**

Name(s) of Owner(s), Officer(s), Director(s), followed by Title:

\_\_\_\_\_

\_\_\_\_\_

Operating as a Business since: \_\_\_\_\_ AZNHA Member Since: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_