



Business Membership Renewal Form

Please review your company profile on the AZNHA website. If your business has experienced changes that are not reflected on this profile, please note those changes below. *Please read this carefully as a blanket "no changes" response will be rejected. All Yes/No questions must be answered.*

A. Renewing Member Information:

Business Name: _____
Address/City/Zip: _____
Officer Phone: _____ Office Fax: _____
Primary contact person name: _____
Email Address: _____ Website URL: _____

B. Owners, Officers, Management (Only if there has been a change in your management since your last renewal)

_____	_____	_____	_____
Name	Title	Name	Title
_____	_____	_____	_____
Name	Title	Name	Title

C. List other office locations (not listed on your online profile). (Attach additional sheet if necessary)

Primary contact name: _____
Address: _____
Phone: _____ Fax: _____ Email: _____

D. Your Business:

- Yes No Have you made any changes in your business model that are not reflected in your profile?
If yes, please explain:
- W2 1099 Are your caregivers classified as W2 employees or 1099 contractors?
- Yes No Are you an ALTCS provider?
- Yes No Do you provide medical and/or skilled services caregivers?
- Yes No Do you have a written drug testing policy in place for all caregiving staff?
- Yes No Do you disclose this policy to each client prior to services commencing?

E. Other changes: If your company has had other changes, please detail below. (use extra sheet if needed)

- Yes No Do you use, and do you wish to receive a supply of, AZNHA brochures?
- Yes No Do you wish to receive one of AZNHA's window clings?

Signature of Authorized Agent: _____ Title: _____



AZNHA Membership Payment form

Annual membership dues are \$300 per Member Company.

Member Identification:

Company Name: _____

Primary contact person name: _____

Email Address: _____

Payment Information:

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

Credit Card Information:

Card holder name _____ Phone _____

CC billing address: _____
Street address City State Zip

Email address _____

Card Type: Visa MasterCard AmEx Amount paid: \$ _____

Card # _____ Exp. Date: ____/____ CSC # _____

Authorized Signature: _____ Date: _____

Notes: If primary contact and cardholder are not the same, please let us know to what email the PayPal receipt should sent.

Primary Contact Cardholder

Do you wish to receive an AZNHA receipt for this charge (sent via email)? Yes No

Note: *If primary contact and cardholder are not the same, please let us know to what email the PayPal receipt should sent. Credit card payments can only be made from this form. AZNHA uses PayPal for credit card processing. Once 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.*