



# 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: \_\_\_\_\_

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