

## **Agency Membership Renewal Form**

Please review your company profile on the AZNHA website. If your business has experienced changes that are not reflected on your 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.* 

Α.	Renewing Member Information:						
	Business Name:						
	Address/City/Zip:	Street Address	City	State	Zip		
	Officer Phone:		ŕ		ax:		
	Primary contact person name:						
	Email Address:						
В.	Owners, Officers, Management (Only if there has been a change in your management since your last renewal)						
	Name	Title		Name	Title		
C.	List other office locations (not listed on your online profile). (Attach additional sheet if necessary)						
	Primary contact name:						
	•						
			Oity	State	Zip		
_		Fax:		Emai	l:		
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:						
	☐ Yes ☐ No Is your agency an ALTCS provider?						
	☐ Yes ☐ No	If yes to above, is your agency a member of EPDPA?					
	☐ Yes ☐ No						
	☐ Yes ☐ No	Do you have a written drug testing policy in place for all caregiving staff:  Do you have (and upp) a glight displacate form that conforms to the SP1101 law?					
	☐ W2 ☐ 1099	Do you have (and use) a client disclosure form that conforms to the SB1401 law?  Are your caregivers classified as W2 employees or 1000 contractors?					
	☐ Yes ☐ No	Are your caregivers classified as W2 employees or 1099 contractors?  Does your agency utilize a partner-organization or staffing agency for your caregivers?					
	Yes No	If you are an Honor Network partner agency, do you require that all of the caregivers working with your clients have valid CPR cards?					
	☐ Yes ☐ No	Do you carry professional liability and workers comp insurance on caregivers working with your clients? If this is covered by the Honor Network, can you provide AZNHA with ACORD forms?					
	☐ Yes ☐ No	Do you require and conduct supervisory visits for every client at least once every 30 days?					
	☐ Yes ☐ No	Does your agency accep	ot COVID-19 positi	ve clients? If	conditions, please explain:		
_					/ / / / / / / / / /		
⊏.	Other changes:	ir your company has had of	mer cnanges, plea	se detail belov	v. (use extra sheet if needed)		
	] Yes 🔲 No	Do you use, and do you	wish to receive a s	supply of, AZN	HA brochures?	_	
	] Yes 🗌 No	Do you wish to receive o	ne of AZNHA's wi	ndow clings?			
Sia	nature of Authorize	d Agent:		Title:			

# ARIZONA IN HOME CARE ASSOCIATION Achieving Arizona's Highest Standards of Ethics and Service

#### **Business Membership Renewal Form**

### **AZNHA Membership Payment form**

#### Annual membership dues are \$400 per Member Company.

\*\* **NOTE:** Your AZNHA board of directors determined in August that due to increasing prices (costs for conference), the desire to do additional advertising, maintenance of our website and social media, that the annual dues would be increased from \$300 to \$400 year. This is the first dues increase since 2015 and at \$400/year we are still the least expensive home care association in Arizona.

Member Identification:							
Company Name:							
rimary contact person name:							
Email Address:							
Payment Information:							
I/We are members of EPDPA, and our dues are part of the EPDPA annual dues.							
☐ 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:	\$400_**					
Card #	_Exp. Date:/	_					
Authorized Signature: Date:							
<b>Notes:</b> If primary contact and cardholder are not the same receipt should sent.	e, please let us know t	o what email tl	ne PayPal				
☐ Primary Contact ☐ Cardholder							
Do you wish to receive an AZNHA receipt for your	credit card payment?	☐ Yes	☐ No				

<u>Note:</u> 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. <u>No credit card information will ever be kept on file at AZNHA</u>.

Tel: 602-283-3503