



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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_