



# Agency Membership Renewal Form [2024]

Save time - renew online! [www.aznha.org/Renew](http://www.aznha.org/Renew)

Otherwise, please complete this renewal form, save/scan and email to [info@aznha.org](mailto:info@aznha.org).

**Thank you for being a Member!** Please review your company Profile on the AZNHA website - if you need to make changes to your profile, please download, complete and return the Profile Form. **Need Assistance?** Email [info@aznha.org](mailto:info@aznha.org) or call (602) 283-3503.

## Company Information:

Business Name (Required): \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website URL: \_\_\_\_\_

**Primary Contact Person:** this is the person AZNHA will contact with questions about the renewal.

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Owners, Officers, Management:** (Only if there has been a change in ownership and/or management since your last renewal)

Name Title Name Title

**Locations:** If you have new office locations (not currently listed on your online profile), please attach a listing including the

Primary Contact, Email Address, Physical Address and Phone.

**Operations:** Please answer all of the questions below.

- Yes  No Have you made any changes in your business model not reflected in your profile? If yes, please explain:
- Yes  No Is your agency an ALTCS provider? If yes, is your agency a Member of EPDPA? Yes\*
- 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 have (and use) a client disclosure form that conforms to the SB1401 law?
- W2  1099 Are your caregivers classified as W2 employees or 1099 contractors?
- Yes  No 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 accept COVID-19 positive clients? If yes with conditions, please explain:

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

## Marketing Materials (Complimentary): Optional

- Yes  No Would you like AZNHA brochures mailed to you? If yes, indicate quantity (up to 250): \_\_\_\_\_
- Yes  No Would you like an AzNHA window cling designating you as a member? If yes, indicate quantity: \_\_\_\_\_

## Dues Payment Method: Dues are \$400 per Member Company (includes additional locations)

- By Check (make payable to AZNHA and mail to P.O. Box 8042, Tempe, AZ 85281)
- by Credit Card or ACH (provide email below to receive a payment link to pay online\*\* or call the AZNHA (602) 283-3503 to provide payment information over the phone).

Email address (Invoice/Receipt): \_\_\_\_\_

Signature of Authorized Agent: \_\_\_\_\_ Title: \_\_\_\_\_

\*AZNHA Dues are included in your EPDPA Dues (you will be billed directly from EPDPA).  
\*\*Online payments are processed through PayPal - you will receive an invoice directly from our PayPal account with instructions.  
Dues are not deductible as Charitable Contributions but may deductible as Business Expenses; please consult your Tax Advisor.