



# Agency Member Renewal Form

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 (PDF) on the AZNHA website and if you need to make changes to your Profile, please download a blank form, complete and return along with this renewal form.

**Company Information (Primary Location):** This information is publicly available on our website *unless you check this box* .

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

Office Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

**Primary Contact Person:** This is the person AZNHA will contact with any 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: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

**Locations:** If you need to update your office locations (including adding new ones not currently listed on your Profile), attach a listing including the Contact, Email Address, Physical Address and Phone. All your office locations are included as a part of your membership.

**Operations:** Please answer all 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 also 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?

Yes  No Are your caregivers classified as W2 employees? If not, please explain:

Yes  No Do you utilize a partner-organization or staffing agency for your caregivers?

Yes  No Do you offer non-caregiving services? If yes, are they offered by:  W2  1099  Referral Services

Yes  No If you are an Honor Network partner agency, do you require that all 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

Yes  No Do you require and conduct supervisory visits for every client at least once every 30 days?

**Other changes:** If there have been any other changes since your last renewal, please detail below (or attach an explanation).

**Marketing Materials (Complimentary):** Optional

Yes  No Would you like AZNHA brochures mailed to you? If yes, indicate quantity (sets of 25): \_\_\_\_\_ sets

Yes  No Would you like an AzNHA decal (window cling) designating you as a member? If yes, indicate quantity: \_\_\_\_\_

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

EPDA Member\*

Check (make payable to AZNHA and mail to 1922 E Fairmont Drive, Tempe, AZ 85282)

Credit Card Online (the primary contact listed above will receive a link to view the dues invoice/pay online\*\*)

**Acknowledgement & Signature:** I certify that I am authorized to complete this renewal on behalf of my company and to the best of my knowledge, that the information provided herein is accurate and complete. I have read, understand and agree to the statements regarding the disclosure of business information and practices available on the AZNHA website: <https://aznha.org/become-a-member/membership-application-agreements/>

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

\*EPDPA Members: Your AZNHA Dues are paid by EPDPA (please refer to your dues invoice from EPDPA; do not submit payment with this form).

\*\*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. Tax ID: 26-2068355

Need Assistance? Email [info@aznha.org](mailto:info@aznha.org) or call (602) 283-3503.

Visit us online: [www.AZNHA.org](http://www.AZNHA.org)