



Agency Member Renewal Form

Save time - renew online! www.aznha.org/Renew

Otherwise, please complete this renewal form, save/scan and email to 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 contracted with the VA? _____

☐ 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)

☐ EPDPA 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 or call (602) 283-3503.

Visit us online: www.AZNHA.org