

# Visiting Nurse Associations of America

## 2004 Associate Member Application Form

*The one voice for VNAs*

### Member Benefits

- Associate Member placement on the VNAA website
- Free web-site link to your home page
- Access to Members only section of website
- Access to VNAA products and services at Member rates
- Two sets of Membership Labels
- Member rates for Conferences, Workshops and 10% discount on exhibiting at Annual Meetings
- Updates on Home Health Issues through Weekly Member updates via e-mail

### Guidelines for Membership

- Associate Members are organizations that promote home care services and represent an interest conducive with the Visiting Nurse Associations of America's philosophy or other organizations that supply products and services to the home health industry, **excluding** home health agencies.
- VNAA reserves the right to screen applications for appropriateness of membership. Application will not be approved if there is a potential conflict of interest with VNAA, any of its affiliate members or contracted vendors/partners.

**Please return this renewal form and your dues payment to:**

Visiting Nurse Associations of America  
 99 Summer Street, Suite 1700  
 Boston, MA 02110  
 Telephone: 617-737-3200 Fax: 617-737-1144  
 www.vnaa.org

**VNAA Associate/Corporate Membership Dues  
 \$2,500.00 Annually**

### Information

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Contact Name \_\_\_\_\_

Email Address \_\_\_\_\_

World Wide Web Address \_\_\_\_\_

The undersigned hereby certifies that in making application for membership in the Visiting Nurse Associations of America, all information supplied on this form is true and correct, and that the undersigned is authorized to apply for membership on behalf of the "member of record."

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

### Payment Options

Method of Payment (please (√) check one below):  
 If using a credit card, payment must be made in full.

( ) **Check enclosed** Check Number: \_\_\_\_\_

**Credit Card:**

( ) Visa      ( ) MasterCard      ( ) Amex

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature of cardholder \_\_\_\_\_