



**HOSPICE & PALLIATIVE CARE
ASSOCIATION OF ARKANSAS**
advancing the promise of care

2024 MEMBERSHIP APPLICATION Individual

Membership is for the calendar year.

Individual membership is available with the Hospice & Palliative Care Association of Arkansas (HPCAA) and it comes with all benefits associated with HPCAA membership, with one exception. Per the HPCAA bylaws, individual members do not have voting privileges.

To qualify as an individual member, the individual **cannot be affiliated** with any hospice or palliative care provider in Arkansas (employee or volunteer).

_____ Name	_____ Phone #	_____ Fax # (if applicable)	
_____ Address	_____ City	_____ State	_____ Zip
_____ Occupation (if retired, list where retired from)	_____ Email Address		

Individual Membership: \$150.00

I attest I am not an employee or volunteer with a hospice or palliative care provider in Arkansas.

_____ Signature	_____ Date
--------------------	---------------

Please make the check payable to the HPCAA by **January 31, 2024.**

Hospice & Palliative Care Association of Arkansas
P.O. Box 242 272
815 Technology Drive
Little Rock, Arkansas 72223