



HOSPICE & PALLIATIVE CARE
ASSOCIATION OF ARKANSAS

2022 PALLIATIVE CARE MEMBERSHIP APPLICATION

Membership is effective January 1 through December 31 annually

Note: Palliative care programs owned by a HPCAA member hospice organization are not required to complete a separate palliative care membership. Please ensure your hospice organization has included your information on their application.

Palliative Care Program or Individual Supporter Name

Phone Number

Toll-free Number

Fax Number

Address

City

State

Zip

Name of Governing/Voting Member

Title

Email Address

Agency Web Address

Name of Affiliated Hospital or Hospice if Applicable

Counties Served by Palliative Care Services

Name of Contact Person for this Application

Contact Person's Phone Number

Please check type of membership:

- Governing** (Palliative Care Program/Department/Organization) **\$250.00**
- Individual** (excludes voting privilege) **\$50.00**

Governing Members:

Please check all services provided:

- | | | |
|--|--------------------------------|------------------------------------|
| Outpatient Palliative Care Service | <input type="checkbox"/> Adult | <input type="checkbox"/> Pediatric |
| Inpatient Palliative Care Consultation Service | <input type="checkbox"/> Adult | <input type="checkbox"/> Pediatric |
| Inpatient Palliative Care Unit | <input type="checkbox"/> Adult | <input type="checkbox"/> Pediatric |
| Community/Homebase Palliative Care Services | <input type="checkbox"/> Adult | <input type="checkbox"/> Pediatric |
| Other (Please specify) _____ | | |

Governing Members:

List contacts from your palliative care program you would like to add to the HPCAA general distribution list (alerts, announcements, newsletters, etc.). Please print clearly

Name	Title	Email Address

Please complete and return application with check payable to HPCAA or enter with payment online at www.hpcaa.org

Thank you for your support!

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