A close up of a logo

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**2025 MEMBERSHIP APPLICATION**

**Associate Member / Supporter**

**Membership is for the calendar year**.

|  |  |
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| **Organization Information** |  |
| **Company:**  Click or tap here to enter text. | **Address:**  Click or tap here to enter text. |
| **Phone #:** Click or tap here to enter text.  **Toll-free #:** Click or tap here to enter text.  **Fax #:** Click or tap here to enter text.  **Organization web address:**  Click or tap here to enter text. | **Social Media (please list handles)**  **Facebook** Click or tap here to enter text.  **Instagram** Click or tap here to enter text.  **LinkedIn** Click or tap here to enter text.  **X** Click or tap here to enter text.  **Other:** Click or tap here to enter text. |
| **Business Classification:**  **Accreditation**  **Consultant**  **Durable Medical Equipment**  **Foundation**  **Funeral Services**  **Insurance/Risk Management**  **Legal Services**  **Medical Services** | **Medical Supply**  **Non-medical home care**  **Pharmaceutical**  **Research & Education**  **Software Vendor**  **Staffing Agency/Service**  **Transportation**  **Other:** Click or tap here to enter text. |
|  |  |
| **Membership Level:** (Please select desired membership level.) | |
| Supporterships and Associate Memberships allow organizations that supply goods and/or services to hospice and palliative care providers to be members of the HPCAA. Refer to the Associate Member and Supporter Membership Guide for details on membership benefits.  **Diamond** **Supportership:** **$15,000.00**  **Platinum Supportership: $10,000.00**  **Gold Supportership: $7,500.00**  **Silver Supportership: $5,000.00**  **Bronze Supportership: $3,000.00**  **Associate Membership: $1,000.00** | |
|  | |
| **Description of Business** (Short, 200 words or less, description of your business for use by HPCAA) | |
| Click or tap here to enter text. | |

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| **Primary Contact for Application** (This person will receive all communication from HPCAA.) | |
| **Primary Contact Name:**  Click or tap here to enter text. | **Phone Number:** Click or tap here to enter text. |
| **Job Title:** Click or tap here to enter text. | **Email Address:** Click or tap here to enter text. |
|  |  |
| **Event Contact:** (If the Primary Contact is not the person we should contact regarding an event, please provide event contact below.) | |
| **Event Contact Name:**  Click or tap here to enter text. | **Phone Number:** Click or tap here to enter text. |
| **Job Title:** Click or tap here to enter text. | **Email Address:** Click or tap here to enter text. |
|  |  |
| **Marketing Contact:** (The person HPCAA should contact regarding promotion of your organization through our various communications – eNewsletter, website, etc.) | |

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| --- | --- |
| **Marketing Contact Name:**  Click or tap here to enter text. | **Phone Number:** Click or tap here to enter text. |
| **Job Title:** Click or tap here to enter text. | **Email Address:** Click or tap here to enter text. |

Please complete and return the application, along with your company logo (PDF or high-quality JPEG format), print-ready PDF advertisement, and a check payable to HPCAA. Please contact Blair Presley at [executivedirector@hpcaa.org](mailto:executivedirector@hpcaa.org) or (501) 375-1300 if you need assistance with your application.

Hospice & Palliative Care Association of Arkansas

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