

**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. |
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| **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** |
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| **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. |
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| **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 or (501) 375-1300 if you need assistance with your application.

Hospice & Palliative Care Association of Arkansas

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