A close up of a logo

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**2025 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:**  Click or tap here to enter text. | **Address:**  Click or tap here to enter text. |
| **Phone #:** Click or tap here to enter text. | **Email Address:**  Click or tap here to enter text. |
| **Occupation:**  Click or tap here to enter text. | **Place of employment: (if retired, list where retired from)**  Click or tap here to enter text. |

**Individual** **Membership:** **$150.00**

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

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Signature Date

Please complete and return the application with a check payable to HPCAA.

Hospice & Palliative Care Association of Arkansas

P.O. Box 242272

Little Rock, Arkansas 72223