

2018 MHPCA AFFILIATE MEMBERSHIP BENEFITS

JOIN MHPCA AND EXPOSE YOUR BRAND TO HUNDREDS OF HOSPICE CLINICIANS AND LEADERS FROM AROUND THE STATE. THESE HOSPICE PROFESSIONALS ARE RESPONSIBLE FOR TREATING UPWARD OF 38,000 PATIENTS EACH YEAR AND WORK FOR SOME OF THE LARGEST HOSPICES IN THE COUNTRY.

MEMBER BENEFITS	ASSOCIATE	PATRON	CORPORATE
	\$500	\$5,000	PATRON \$10,000
FACE-TO-FACE NETWORKING OPPORTUNITIES WITH HOSPICE LEADERS AT ONE OF THE MHPCA BOARD DINNERS			✓
JOIN MHPCA COMMITTEES AND SERVE ALONG SIDE MHPCA HOSPICE PROVIDER MEMBERS	✓	✓	✓
ACCESS TO THE COMPLETE MEMBER DIRECTORY OF MHPCA (EXCLUDES EMAILS)		✓	✓
HIGHLIGHTED IN 'PATRON SPOTLIGHT' IN E-NEWSLETTER AND WEBSITE.		✓	✓
INVITATION TO EXHIBIT AT MHPCA'S ANNUAL FORUM & TRADESHOW - <i>ADDITIONAL FEES APPLY</i>	✓	✓	✓
A DIGITAL MEMBER BADGE TO USE ON YOUR COMPANY'S WEBSITE		✓	✓
LISTED AS A MEMBER ON MHPCA'S WEBSITE	✓	✓	✓
MEMBER SERVICES SUPPORT - <i>MONDAY THROUGH FRIDAY</i>	✓	✓	✓
YEAR LONG ADVERTISING IN E-NEWSLETTER (EXCLUDES BANNER AD).			✓
SUBSCRIPTION TO WEEKLY E-NEWSLETTER	✓	✓	✓
A CHANCE TO SUBMIT CONTENT TO E-NEWSLETTER (<i>PENDING APPROVAL BY CEO</i>)		✓	✓
SPONSORSHIP OPPORTUNITIES THROUGHOUT THE YEAR - <i>ADDITIONAL FEES APPLY</i>	✓	✓	✓
PROMOTION ON MHPCA'S SOCIAL MEDIA NETWORKS			✓
OPPORTUNITY TO PROPOSE EDUCATIONAL TOPICS AND/OR FACULTY FOR ONLINE TRAINING WEBINARS AND/OR ANNUAL EDUCATION FORUM	✓	✓	✓
DISCOUNTED RATES FOR ADVERTISING ON E-NEWSLETTER	✓	✓	✓



AFFILIATE MEMBERSHIP APPLICATION

MISSOURI HOSPICE & PALLIATIVE CARE ASSOCIATION (MHPCA) INVITES YOU TO JOIN THE AFFILIATE MEMBERSHIP PROGRAM. YOUR DOLLARS CONTRIBUTE TO OUR COMMUNITY BASED AND DIRECTED HOSPICE PROGRAMS THAT PROVIDE SO MANY EXTRA SERVICES TO THEIR COMMUNITIES. PLEASE COMPLETE AND RETURN THIS APPLICATION AND WE WILL BEGIN PROCESSING YOUR MEMBERSHIP. THIS APPLICATION CAN BE MAILED, FAXED, OR E-MAILED TO OUR OFFICE BASED ON YOUR PREFERRED METHOD OF PAYMENT.

EACH APPLICANT IS REQUIRED TO COMPLETE THIS FORM IN ITS ENTIRETY. IF NECESSARY, PLEASE USE "N/A" INSTEAD OF LEAVING BLANK LINES. ALL QUESTIONS CAN BE DIRECTED TO MEMBERSHIP SERVICES AT MHPCA BY CALLING (573) 634-5514 OR EMAILING CRYSTAL RAMSEY, PROGRAM DEVELOPMENT SPECIALIST, AT CRYSTAL@MOHOSPICE.ORG.

WE RECOGNIZE THE HIGHLY CONFIDENTIAL NATURE OF SOME OF THIS INFORMATION. IT WILL ONLY BE USED BY MHPCA IN CASE OF AN EMERGENCY.

Business Name:	
Mailing Address:	Category: <input type="checkbox"/> Corporate-Patron Associate Member <input type="checkbox"/> Patron Associate Member <input type="checkbox"/> Associate Member
Office Phone: Toll Free Phone: Fax:	Website: Business Email:
Social Media: <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter	<input type="checkbox"/> Google+ <input type="checkbox"/> Blog _____ <input type="checkbox"/> Other _____
I was referred by:	

PRIMARY CONTACT:

THIS PERSON WILL RECEIVE ALL COMMUNICATIONS FROM MHPCA REGARDING EVENTS, NEWS, RENEWALS, ETC.

Prefix:	First:	Last:	Suffix:
Business Name (if different):		Job Title:	
Mailing Address (if different):			
Work Phone: Cell Phone:		Email:	

EVENT CONTACT:

IF THE PRIMARY CONTACT IS NOT THE PERSON WE SHOULD CONTACT REGARDING AN UPCOMING EVENT, PLEASE PROVIDE THAT PERSON'S INFORMATION BELOW.

Prefix:	First:	Last:	Suffix:
Business Name (if different):		Job Title:	
Mailing Address (if different):			
Work Phone: Cell Phone:		Email:	

MARKETING CONTACT:

THIS IS PERSON MHPCA SHOULD CONTACT REGARDING PROMOTION OF YOUR COMPANY THROUGH OUR VARIOUS COMMUNICATIONS (I.E. BLOG, E-NEWSLETTER, WEBSITE, ETC.)

Prefix:	First:	Last:	Suffix:
Business Name (if different):		Job Title:	
Work Phone: Cell Phone:		Email:	

BUSINESS CLASSIFICATION: (PLEASE CHECK ONLY ONE BOX)

Accreditation Consultant Durable Medical Equipment Foundation Insurance/Risk Management

Legal Services Medical Supply Pharmaceutical Publisher Research and Education

Software Vendor Staffing Agency/Service Other: _____

PLEASE READ AND SIGN:

MHPCA IS AN IRS 501(C)(3) CHARITABLE ORGANIZATION AND CONTRIBUTIONS MAY BE TAX DEDUCTIBLE AS CHARITABLE DONATIONS (LESS 5% FOR LOBBYING ACTIVITIES) OR ALLOWABLE

SIGNATURE OF PRIMARY CONTACT: _____

I UNDERSTAND THAT BY PROVIDING MY MAILING ADDRESS, E-MAIL, TELEPHONE NUMBER, AND FAX NUMBER, I CONSENT TO RECEIVE COMMUNICATIONS VIA REGULAR MAIL, E-MAIL, TELEPHONE, AND/OR FAX SENT BY OR ON BEHALF OF MHPCA.

I FURTHER UNDERSTAND THAT EVENTS SCHEDULED BY THE MHPCA BOARD OF DIRECTORS ARE BY INVITATION ONLY AND IN ORDER TO ATTEND ANY SUCH EVENTS I MUST REGISTER BY THE DEADLINE AND PROVIDE ALL REQUESTED INFORMATION. AS AN INVITED GUEST, I WILL HONOR THE AGENDA AS SET FORTH BY THE BOARD AND WILL NOT SCHEDULE CONFLICTING ACTIVITIES THAT MIGHT TAKE AWAY FROM THE AGENDA.

CORPORATE PATRON MEMBERSHIP \$10,000.00
 PATRON ASSOCIATE MEMBERSHIP \$5,000.00
 ASSOCIATE MEMBERSHIP \$500.00

TOTAL INVESTMENT \$ _____ .00

PAYMENT INFORMATION: MAKE CHECKS PAYABLE TO MISSOURI HOSPICE & PALLIATIVE CARE ASSOCIATION, INC.

Visa MasterCard Discover American Express

Name on Credit Card: _____

Credit Card #: _____

Expiration Date: _____ Code: _____

Billing Address: _____

IN ORDER FOR YOUR APPLICATION TO BE PROCESSED, PLEASE ENSURE ALL OF THE FOLLOWING ARE INCLUDED IN YOUR SUBMISSION:

1. ___ Payment
2. ___ Application:
 - a. ___ Completed & signed application
 - b. ___ Company logo (.pdf format or high quality .jpeg)
 - c. ___ Short (200 words or less) description of your business for use in the membership directory.

PLEASE SEND ALL MATERIALS AND INVOICE REQUESTS TO CRYSTAL RAMSEY, PROGRAM DEVELOPEMENT SPECIALIST, AT CRYSTAL@MOHOSPICE.ORG.