



- New  NAHC Member  
 Renewal  UHPCO Member

**ORGANIZATION DATA**

Agency Name \_\_\_\_\_  
 Number of Office Locations \_\_\_\_\_  **Main**  
*(complete additional form for private duty and multiple offices)*  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Office Phone (\_\_\_\_) \_\_\_\_\_  
 Toll Free No. (\_\_\_\_) \_\_\_\_\_  
 Fax (\_\_\_\_) \_\_\_\_\_  
 Website \_\_\_\_\_

**SERVICE AREA** (please mark counties served by THIS office location)

- |                                    |                                    |  |
|------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Beaver    | <input type="checkbox"/> Iron      | <input type="checkbox"/> Sevier  |
| <input type="checkbox"/> Box Elder | <input type="checkbox"/> Juab      | <input type="checkbox"/> Summit  |
| <input type="checkbox"/> Cache     | <input type="checkbox"/> Kane      | <input type="checkbox"/> Tooele  |
| <input type="checkbox"/> Carbon    | <input type="checkbox"/> Millard   | <input type="checkbox"/> Uintah  |
| <input type="checkbox"/> Daggett   | <input type="checkbox"/> Morgan    | <input type="checkbox"/> Utah <input type="checkbox"/> All Counties    |
| <input type="checkbox"/> Davis     | <input type="checkbox"/> Piute     | <input type="checkbox"/> Wasatch <input type="checkbox"/> Outside Utah |
| <input type="checkbox"/> Duchesne  | <input type="checkbox"/> Rich      | <input type="checkbox"/> Washington                                    |
| <input type="checkbox"/> Emery     | <input type="checkbox"/> Salt Lake | <input type="checkbox"/> Wayne   |
| <input type="checkbox"/> Garfield  | <input type="checkbox"/> San Juan  | <input type="checkbox"/> Weber   |
| <input type="checkbox"/> Grand     | <input type="checkbox"/> Sanpete   |  |

**CONTACT DATA** (Persons to **receive** UAHC information)

**1. VOTING Representative** (Full Name & Title)  
 \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**2. ALTERNATE Voting Representative** (Full Name & Title)  
 \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**3. ADMINISTRATIVE/Additional Contact** (Full Name & Title)  
 \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**4. CLINICAL/Additional Contact** (Full Name & Title)  
 \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**5. Additional Contact** (Full Name & Title)  
 \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**Please indicate if you have an interest in serving on a Standing Committee:**  
 Clinical  Education  Fundraising/Membership  
 Legislative  Nominating  Regulatory  Therapy

**ORGANIZATION OWNERSHIP / TYPE**

Please check **ALL that apply**  
 Private For-Profit Agency  Not-For-Profit Agency  
 Free Standing Agency  Hospital-Based Agency  
 Government Agency  IV Therapy Agency  
 Visiting Nurses Association  HME Supplier

**CERTIFICATION / ACCREDITATION**

Please check **ALL that apply**  
 CHAP  JCAHO  HME  
 Medicare  Medicaid  
 State Licensed, Hospice  
 State Licensed, Nursing  
 State Licensed, Pharmacy  
 State Licensed, Private Duty  
 ACHC (Accreditation Commission for Home Care)

**DISEASE MANAGEMENT PROGRAMS OFFERED**

Please check **ALL that apply**  
 Alzheimer's  CHF  Diabetes  Mental Health  
 Arthritis  COPD  Degenerative Joint  Pediatrics

**UAHC MEMBERSHIP DUES & RATES**

Check **ONE** that applies and **enter amount** in Total Due

- Home Health Agency**  
 New Agency (licensed after 06/2011)..... \$200.00  
 Small Agency (1 or 2 office locations)..... \$450.00  
 Rural Agency ..... \$450.00  
 Large Agency (3 or more offices)..... \$900.00  
 Large Agency (\$3m annual revenue).... \$900.00

- Private Duty Agency**  
 Private Duty Agency..... \$150.00

- Associate Member**  
 Associate Member..... \$150.00  
 Memberships for agencies in allied industries.

**TOTAL DUE \$** \_\_\_\_\_

**PAYMENT METHOD**

Please send completed form with appropriate fees.

- Check Enclosed - **check made payable to UAHC**  
 Check in Mail  
 Credit Card Payment – **3% processing fee added**  
 American Express  
 Discover Card  
 MasterCard  
 Visa Expiration Date \_\_\_\_\_ / \_\_\_\_\_  
 Zip Code \_\_\_\_\_

Card No. \_\_\_\_\_  
 Name on Card \_\_\_\_\_  
 Authorized Signature \_\_\_\_\_