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LOUISIANA~MISSISSIPPI HOSPICE AND PALLIATIVE CARE ORGANIZATION

PALLIATIVE CARE MEMBERSHIP APPLICATION

Complete this page of application and return it with your membership dues.

ALL INFORMATION CONTAINED WITHIN WILL BE HELD IN THE STRICTEST CONFIDENCE AND ONLY USED FOR END-OF-LIFE CARE RESEARCH.

LMHPCO is a not-for profit, 501 (c) 3 corporation. All donations made to LMHPCO qualify as tax-exempt deductions under the Internal Revenue Code, and are therefore deductible to the fullest extent of the law. As a nonprofit corporation, Louisiana-Mississippi Hospice and Palliative Care Organization, Inc., (sometimes herein referred to as "LMHPCO") is not formed for personal profit. No part of the net income or assets of LMHPCO is distributable to or for the benefit of its Members, its Directors, its Officers, or other private person. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publication or distribution of statements), any political campaign on behalf of or in opposition to any candidate for public office.

This membership category is available to any individuals, hospitals, medical groups that provide palliative care consultations. Please Note: Licensed hospice providers are not eligible for the Palliative Care Provider Membership. As a Voting Member your program agency will received our monthly publication, **The Journal** and weekly electronic Updates, including **HNN (Hospice News Network)**. Your agency will be included in our on-line Directory and referrals services, as well as receive membership rates at all LMHPCO conferences, workshops, educational events and webinars. Your membership provides you with access to technical assistance, networking capabilities, regulatory information, input into the creation of recommended policy and our Member Login portal.

Dues are based on the number of palliative care consultations provided annually. **Membership fee:**

[] **Less than 100 consultations = \$300**

[] **301 to 500 consultations = \$750**

[] **101 to 300 consultations = \$500**

[] **more than 501 consultations = \$1000**

Name

Contact Person

Mailing Address

City, State, Zip

Telephone Number

FAX Number

Website Address

E-mail Address

CONTACT NAME	E-MAIL ADDRESS
Physician:	
Nurse:	
Social Worker:	
Chaplain:	

Credit Card Payment Information (2.5% surcharge on credit card charges.)

Please check: VISA MasterCard American Express Discover Total Charge: \$ _____

Card # _____ Security Code ____ Exp. Date: _____

Name: (please print) _____

Signature: _____

PLEASE MAIL COMPLETED APPLICATION AND PAYMENT TO:

LMHPCO, 717 Kerlerec • New Orleans, LA 70116

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Email: LMHPCO@AOL.com • www.LMHPCO.org