



LOUISIANA~MISSISSIPPI HOSPICE AND PALLIATIVE CARE ORGANIZATION

NON-HOSPICE PROVIDER 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.

(PLEASE CHECK THE APPROPRIATE MEMBERSHIP CATEGORY AND PROVIDE REQUESTED CONTACT AND DEMOGRAPHIC INFORMATION REQUESTED.)

Organizational Membership

Organizational Members are end-of-life care organizations, educational institutions, homecare organizations, nursing facilities, home health agencies and other organizations (excluding hospice-providers) that provide end-of-life care and/or support end-of-life care in Louisiana and Mississippi and the mission of LMHPCO. Organizational Members are listed in and receive a copy of the annual Membership Directory; are listed on our website; and receive our monthly **e-newsletter, The Journal**, as well as weekly internet and **(HNN) Hospice News Network** updates. Organizational Members are also entitled to membership rates when attending all workshops and sponsored by LMHPCO throughout the year.

Please Note: Licensed hospice providers are not eligible for Organizational Membership. **Organizational Member dues are at a minimum: \$200.00 annually.**

Professional Membership

Professional Membership is open to any professional, associated with and referred by a hospice provider member, involved in and/or support end-of-life care in Louisiana and Mississippi and the mission of LMHPCO. Professional Members are listed in and receive a copy of the annual Membership Directory; are listed on our website; and receive our monthly **e-newsletter, The Journal**, as well as weekly internet and **(HNN) Hospice News Network** updates. Professional Members are also entitled to membership rates when attending all workshops sponsored by LMHPCO throughout the year.

Please Note: Employees of licensed hospice providers are not eligible for Professional Membership, unless their agency is a Provider Member.

Professional Member dues are at a minimum: \$100.00 annually.

- Physician
- Social Worker
- Attorney
- Pharmacist
- Other _____
- Nurse
- Chaplain
- CPA

Individual Membership

Individual Membership is open to anyone interested in supporting end-of-life care in Louisiana and Mississippi and the mission of LMHPCO. Individual Members receive our monthly **e-newsletter, The Journal**, as well as weekly internet and **(HNN) Hospice News Network** updates. Individual Members are entitled to membership rates when attending all workshops sponsored by LMHPCO throughout the year.

Please Note: Employees of licensed hospice providers are not eligible for Individual Memberships, unless their agency is a Provider Member.

Individual Member dues are at a minimum: \$60.00 annually.

Organization/Professional/Individual Name _____

Contact Person _____

Mailing Address _____

City, State, Zip _____

Telephone Number _____

FAX Number _____

Website Address _____

E-mail Address _____

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**

Telephone: (504) 945-2414 Toll Free: (888) 546-1500 Fax: (504) 948-3908 www.LMHPCO.org Email: LMHPCO@AOL.com