



Advancing the art and science of comprehensive hospice, palliative and end-of-life care in Georgia

2010-2011 Affiliate and Individual Membership Application

(Membership year runs from 1Apr to 31Mar)

Any group, agency, institution or association supportive of the GHPCO mission and purpose is eligible to be a GHPCO Affiliate member. Any individual, consumer, or other person supportive of the GHPCO mission and purpose is eligible to be a GHPCO Individual member. Affiliate and Individual members are prohibited from voting in the election of GHPCO Board members. Provider members may NOT be affiliate members except in the case of provisional licensure.

Section I – Contact Information

Name: _____ Email: _____

Organization Name: _____ Title: _____

Address: _____

(Street)

(City)

(State)

(Zip)

Phone: _____ Alternate: _____ Fax: _____

Website (if applicable) _____

As a member of GHPCO, I consent to the use of my email address for receipt of organization mailings.

Section II – Membership Fees: (Check the box that applies to your membership and fill in Dues Amount)

Affiliate Member:

- **Basic** = \$150 minimum - basic membership benefits
- **Supporter** = \$250 minimum, basic membership benefits, noted in newsletter as Affiliate Supporter
- **Sponsor** = \$500 minimum, basic membership benefits, noted in newsletter as Affiliate Supporter, named as co-sponsor of any education event of choice, except annual conference and named as Sponsoring Affiliate member in brochure of annual conference
- **Patron** = \$1000 minimum, basic membership benefits, noted in newsletter as Patron Supporter, named as co-sponsor of any education event of choice, except annual conference and named as Patron Affiliate member in brochure of annual conference and named as Patron sponsor of any meal at annual conference

- Individual Member: GHPCO charges Individual Members a flat dues rate of \$100.00 per year. Individual members will receive the GHPCO newsletter and other pertinent mailings but will not have access to the provider-member page on the website.

Total Dues Amount: _____

Section III – Contribution to support the work of GHPCO, a 501(c)(3) organization:

90% of Americans state that they would prefer to die at home. Your donation will help more Georgians achieve this goal and improve education on end-of-life care choices. Amount of donation: _____

Section IV – Payment: Total enclosed: _____ Check (# _____) _____ Money Order

Credit Card: VISA MASTERCARD AMERICAN EXPRESS Card #: _____

Name on card: _____ Exp date: _____ V-code: _____ Billing zip code: _____

Mail this form with payment to: _____ Or Fax to: Jennifer Hale, State Executive

GHPCO at 5 Concourse Pkwy, Ste 3000 Atlanta, GA 30328

678-623-0175