



Associate Renewal Application

SEND COMPLETED APPLICATION TO:
 Illinois HomeCare Council • 100 E Washington St. • Springfield, IL 62701
 Phone: 217-753-4422 • Fax: 217-528-6545 • info@ilhomecare.org

Is this a new/first-time application? Yes

STEP 1: PROFILE

CONTACT INFORMATION

Association Name		
Mailing Address		
City	State	Zip
Phone	Fax	
Association Email	Association Website	
CEO Name and Title	Email	
Administrative Contact Name and Title	Email	
Nature of Association		

Please submit the names and email addresses of all additional company employees to be added to the IHCC electronic mailing list to receive the Communicator *X-Press*, link to the IHCC Listserv and receive materials on upcoming IHCC educational events.

STEP 2: ASSOCIATE MEMBERSHIP

Associate membership consists of professional and consumer organizations interested in home care.

	Total	Enclosed
Associate membership	\$500	

<p>PAYMENT METHOD - FAX OR MAIL</p> <p><input type="checkbox"/> Check (payable to IHCC)</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex</p> <hr/> <p>Card</p> <hr/> <p>Exp. Date</p> <hr/> <p>Signature</p>	<p>PLEASE MAIL YOUR CHECKS TO:</p> <p>ILLINOIS HOMECARE COUNCIL 100 E WASHINGTON ST. SPRINGFIELD, IL 62701 (217) 753-4433</p> <p>CHECK # _____</p> <p>AMOUNT: _____</p>
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Signature/Title _____ Date _____

STEP 3: ADDITIONS TO MAILING LIST

Please list all additional employees to be added to the IHCC member benefit electronic mailing list to receive the Communicator *X-Press*, link to the IHCC Listserv and receive materials on upcoming IHCC educational events.

Name: _____
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