



Membership Information

The Arizona Hospice and Palliative Care Organization (AHPCO) is dedicated to advancing quality end-of-life care and serving as a voice and resource for its members and the communities they serve. This mission is accomplished by:

- Advocating for the provision of care according to hospice and palliative care principles that affirm quality of life for the terminally ill and which neither hastens nor postpones death.
- Supporting an interdisciplinary team approach to symptom management by providing care of the body, mind and spirit for individuals and their families, however defined.
- Providing education and assistance about hospice and palliative care and related issues to its membership and the public.
- Influencing legislation and regulatory processes through interpretation and clarification of hospice and palliative care concepts and standards of care to governmental and private sectors.
- Collaborating with other health care providers to assure continuity of care during the last stage of life.
- Ensuring access to hospice and palliative care by promoting the development of programs to underserved populations.

Membership Categories & Benefits

Provider Membership

Hospice Provider Member.....Census-Based**

An individual agency licensed as a hospice by the Arizona Department of Health Services and operating a hospice program consistent with the current Standards and Principles of the National Hospice and Palliative Care Organization. **\$2.50** per unduplicated patient admission in previous calendar year. (Minimum = \$100 Maximum = \$5,500)

Hospice and/or Palliative Care Corporation\$250*

A corporate or ownership entity, not licensed as a hospice, owning and operating more than one AzDHS licensed hospice provider site. * Dues are in addition to the dues calculated for each site (see application for more info).

Palliative Care Provider Member.....\$250

An agency or provider currently providing palliative care as defined in the AHPCO bylaws and not full hospice services.

Benefits:

- Education Programs on topics and concepts for all members of the Interdisciplinary Team.
- Members-only Discounts on all AHPCO education, events and materials.
- Access to state and national trends and updates relevant to End-of-Life and Palliative Care.
- Resources for federal and state regulations and legislation that impact providers.
- Member publications and e-communications plus the online Member Forum.
- Complimentary Listing in the *Find a Provider* search feature on the Patients/Families section of the website plus an exclusive opportunity to purchase a Linked Logo.

Individual Membership\$25

Open to individuals who desire to support hospice and palliative care concepts through affiliation with AHPCO*.

Benefits:

- Members-only Discounts on all AHPCO education, events and materials.
 - Member publications and e-communications plus the online Member Forum.
- *Individuals may not use their membership to solicit other members or otherwise promote any products or services.*

Associate Membership\$300

An institution, corporation or organization, other than a hospice or palliative care corporation, desiring to promote hospice and palliative care concepts through affiliation with AHPCO.

Benefits:

- Members-only Discounts on all AHPCO education, events and exhibit space at AHPCO events.
- Complimentary Listing in the *Find a Vendor* search feature on the Resource section of the website plus an exclusive opportunity to purchase a Linked Logo.
- Complimentary Listing in the AHPCO Newsletter.
- Member publications and e-communications plus the online Member Forum.



Additional Location Data Form (Providers)

If you have additional licensed sites owned and operated by your corporation/entity please complete for each site. This information will be displayed in the Provider Directory and the contact person listed for each site will receive the information and announcements that are sent to the Main Contact Person listed above. Please indicate the zip codes that each location serves to facilitate the public search feature of our online directory.

Duplicate Form as Needed.

Company/Organization Name (this is the company name that is listed on the Membership Application)

Location Name (please do not use acronyms)

Main Contact Person (CEO/Administrator/Executive Director) Credentials Title

Mailing Address City State Zip Phone

E-mail ** Website

Zip Codes Served By This Site (attached separate page if needed) Arizona DHS License Number

Location Name (please do not use acronyms)

Main Contact Person (CEO/Administrator/Executive Director) Credentials Title

Mailing Address City State Zip Phone

E-mail ** Website

Zip Codes Served By This Site (attached separate page if needed) Arizona DHS License Number

****Note: most of our member communications are sent via email. Please add info@ahpc.org to your "safe list".**

Please attach this data form to the Provider Membership Application and mail to:
Arizona Hospice & Palliative Care Organization, 1843 E Southern Avenue, Tempe, AZ 85282
For additional info, contact the AHPCO Office at (480) 491-0540. Thank you for your support of AHPCO!