



**Western New York
Chapter**

**Provider Application
for Chapter Membership
2022-23**

Providers must be members of HCP at the State level in order to be eligible for Chapter participation.

- New Member** **Renewing Member**

Organization Name: _____
d/b/a: _____ Year Established: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Main Contact: _____ Title: _____
E-mail Address: _____
Corporate type: (check one) Not-for-profit Proprietary

Chapter 2022-23 Dues

The Western New York Chapter dues year runs November 1 through October 31. Provider membership for each organization in the Western New York Chapter of the New York State Association of Health Care Providers, Inc. (HCP) includes all related New York State home care corporations, subsidiaries and other entities under common ownership and/or management.

Annual Dues for Western New York Chapter Provider membership are \$300.

Note: First-time members who join mid-year are pro-rated for the remainder of the dues year.

Payment

All members are encouraged to satisfy their dues obligation in entirety at the start of the dues year.

Total Due: _____ Amount Enclosed: _____

Make check payable to: Western New York Chapter of the New York State Association of Health Care Providers, Inc.

Note: Chapter dues are not deductible as a charitable contribution for federal tax purposes, but may be deductible as a business expense as well as an allowable Medicare expense. However, in accordance with Section 13222 of OBRA 1993 (Denial of the Deduction for Lobbying Expenses), 9% of your membership dues are not tax deductible as ordinary and necessary business expenses.

Signature: _____

Title: _____

Date: _____

Thank you for joining the Western New York Chapter. Please be sure to complete both sides of this application and return with payment to: HCP Western New York Chapter, c/o Michelle Kuna, Treasurer, Aftercare Nursing Services, Inc., 5400 Broadway, Lancaster, NY 14086.

Chapter forms with credit card payments can be sent to: mkuna@aftercare1.com

Chapter Leadership

President: David Hogan, Venture Forthe, Inc, 716.285.8070
Vice President: Jennifer Redding, Allwel, 716.826.6245
Treasurer: Michelle Kuna, Aftercare Nursing Services, Inc., 716.894.7777
Secretary: Roopa Chakkappan, Hodgson Russ, 716.848.1278

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Instructions

Complete this section for each office of your organization where you would like to receive Chapter information. Please copy this page, complete and attach for any additional locations. Please type or print neatly.

Organization Name: _____
d/b/a: _____ Year Established: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Main Contact: _____ Title: _____ Email: _____
Addtl Contact: _____ Title: _____ Email: _____

Is this organization a certified NYS Minority and Women Owned Business Enterprise (MWBE)? Yes No

Should this office receive information sent to all Chapter members? Yes (note: information will go to 1st contact) No

What type of office is listed on this form? (check one)

- Corporate Headquarters Franchise Main Office Branch Office
 Recruiting Office Satellite Office Other: _____

What services are provided by this location? (check all that apply)

- LHCSA CHHA Companion Agency
 LHCSA affiliated w/ALP Special Purpose CHHA Hospice
 License pending CDPAS FI Other: _____

Is this office accredited? (check all that apply)

- JCAHO CHAP Other: _____

Organization Name: _____
d/b/a: _____ Year Established: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Main Contact: _____ Title: _____
Additional Contact: _____ Title: _____

Is this organization a registered NYS Minority and Woman Owned Business Enterprise (MWBC)? Yes No

Should this office receive information sent to all Chapter members? Yes (note: information will go to 1st contact) No

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