



Associate Application for Chapter Membership November 2022 – October 2023

Table with Board Members: President (Julian Haggmann), Vice President (Kathy McCarthy), Secretary (Vacant), Treasurer (Leo D'Sa)

Associate members must be members of NYS Association of Health Care Providers at the State level in order to be eligible for this Chapter participation.

Form with checkboxes for New Member and Renewing Member

Form for Organization Name, d/b/a, Address, City, State, Zip

Contact Information:

Contact information table with columns: Name, Title, Email. Rows for Main, Add'l, Add'l

Table with Member at Large: Bryan Madden

Products & Services

Form to describe products or services provided to the home care industry, numbered 1-4

The Chapter's Home Care Providers rely on a continuous basis to our Associate members. To better educate us on the products and services you provide, please enclose materials (sales brochures, pamphlets, etc.) regarding your company.

Associate Membership Agreement

Associate members are in a non-voting classification of the membership for Long Island Chapters of the New York State Association of Health Care Providers, Inc. (LIC HCP). Associate members consist of Non Health Care Providers providing services to the Health Care Providers (CHHA, LHCSA & FI).

Chapter Associate Member Dues

Associate member dues are \$150 per year. Chapter dues year runs from November 1st – October 31st Fiscal Year. Associate members are required to pay their full dues at the start of the year.

Payment Info

Make check payable to Long Island Chapter of the New York State Association of Health Care Providers, Inc. or LIC - NYSA HCP, Inc. and mail to the above address.

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.

Form with columns: Name, Title, Signature, Date. Row for Main

Thank you for joining the Long Island Chapter of New York State Association of Health Care Providers, Inc. Please complete the application and email to "info@lichcp.org" and return with payment to HCP Long Island Chapter, 51 Maryland Street, Dix Hills, NY 11746.