



51 Maryland Street, Dix Hills, NY 11746

**Associate Application  
for Membership  
November 2025 – October 2026**

Board Members
President-Jacqueline Datkun-HCS Home Care-631 567-6555
Vice President-Kathy McCarthy-HCS Home Care-631 567-6555
Secretary-Michelle Phillip-NorthWell-516 266-5200
Treasurer-Leo D'Sa-DSA HC MGMT Services-516 991-7594
Member at Large-Bryan Madden-Bryan Skilled Home Care-631 608-8523

LIC NYSA HCP Member       Also Member of the NYSA HCP (Albany)

Organization Name \_\_\_\_\_  
 d/b/a \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Contact Information:**

Name	Title	Email
Main _____	_____	_____
Add'l _____	_____	_____
Add'l _____	_____	_____

Sponsor a Meeting. Cost is \$0 for Members & \$500 for non-Members.

Yes we would like to Sponsor a Meeting. \_\_\_\_\_ month we would like to sponsor.

**Products & Services**

Best Describe the products or services your company provides to the home care industry?

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

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. Only one copy of each is needed.

**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 NYSA HCP). All other rights and privileges of membership are the same Provider Members.

Associate members consist of Non Health Care Providers providing services to the Home Health Care Providers (CHHA, LHCSA & FI).

**Chapter Associate Member Dues**

Associate member dues are **\$450** 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**

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.**

Main Contact	Title	Signature	Date
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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](mailto:info@lichcp.org)" and return with payment to HCP Long Island Chapter, 51 Maryland Street, Dix Hills, NY 11746.



Long Island Chapter of New York State Association of Health Care Providers, Inc.  
51 Maryland Street, Dix Hills, NY 11746

**INVOICE**

Invoice # **2023-2024 AM01**

Organization Name \_\_\_\_\_  
d/b/a \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Membership dues for  
Associate Application  
November 2025 – October 2026**

**\$ 450.00**

Please **email** ([info@lichcp.org](mailto:info@lichcp.org)) the fillable application and mail the payment to:  
Long Island Chapter of New York State Association of Health Care Providers, Inc.  
or LIC – NYSA HCP, Inc.  
51 Maryland Street, Dix Hills, NY 11746  
Please mail your Check or  
[pay by Zell \(info@lichcp.org\)](mailto:info@lichcp.org),  
**Sorry we don't accept Credit Cards.**