



51 Maryland Street, Dix Hills, NY 11746

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

Board Members
President-Julian Hagmann-Caring Professionals-718 673-8390
Vice President-Kathy McCarthy-Addus HomeCare- 631 567-6555
Secretary-Nicholas Stella-Jzanus Home Care-516 437-4747
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 _____	_____	_____

**New Provider
Member
1st Year
\$400**

Products & Services

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

Topics that you would prefer to hear more about:

Provider Membership Agreement

Provider members are in a voting classification of the membership for Long Island Chapters of the New York State Association of Health Care Providers, Inc. (LIC HCP). All other rights and privileges of membership are in accordance to LIC HCP By-Laws. Provider members consist of Health Care Providers providing services to Patients at their Home (CHHA, LHCSA & FI).

Chapter Provider Member Dues

Provider member dues are **\$550** per year. Chapter dues year runs from November 1st – October 31st Fiscal Year. Provider 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

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 PM01**

Organization Name _____

d/b/a _____

Address _____

City _____ State _____ Zip _____

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

\$ 550.00

Please **email** (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.