



CHAPCA


VALUE IN MEMBERSHIP


CHAPCA Provider Membership Application



 (916) 925-3770

 info@calhospice.org

 www.calhospice.org

 Elk Grove Blvd. Suite 20
Elk Grove, CA 95758

Multi-Location



CHAPCA Provider Membership Benefits

California Hospice and Palliative Care Association (CHAPCA) Membership Has Its Benefits

Vision: California Hospice & Palliative Care Association envisions a future where every patient and family is aware of hospice and palliative care services and has access to high quality services.

Mission: To support Hospice Provider members' missions of providing high quality hospice and palliative care services to patients and their caregivers. CHAPCA board, leadership, and provider members are recognized leaders and advocates on behalf of hospice and palliative care in California and at a national level.

Top Six Value Areas for Hospice and Palliative Provider Members

1. Need to Know Federal and State Regulatory and Legislative Action

CHAPCA is constantly monitoring and advocating for our members with NGS, CGS, Palmetto, The Alliance, CMS, CDPH, DSS, DHCS, DMHC, and OSHPD-HCAi and other pertinent California and national agencies. CHAPCA leadership and committees meet regularly with these departments on issues of importance and concern. CHAPCA monitors new and proposed legislation that impacts hospice and palliative care providers and end-of-life care by way of committees and our contract lobbying firm, CLEAR ADVOCACY. Did you know that about 15% of member dues are allocated to lobbying on behalf of our members and those you serve? CHAPCA also introduces new legislation to improve access and/or remove barriers. CHAPCA monitors Legislative Committee on Senior Citizens, Veterans and Adults with Special Needs and other pertinent state and national committees.

2. CHAPCA Provider Help Desk

CHAPCA leadership respond to your day-to-day needs as well as trends in the hospice community, including operations and quality improvement and compliance questions. CHAPCA is constantly reviewing OSHPD-HCAi and CMS Medicare data to bring our members statistical data that can enhance your day-to-day operations. Consultations are FREE for members!

3. Professional Education

CHAPCA provides a variety of educational programs, from workshops to webinars and teleconferences. CHAPCA holds an annual conference and exhibition where the most relevant education, products, and services are found. Content for our education programs is identified by our education and leadership committees, and we seek experts to develop and deliver the content you and your staff need. Programs focus on both regulatory, operational, and clinical topics aimed at various hospice staff.



4. Access to Information

CHAPCA's website is a comprehensive resource offering information and materials for all levels of hospice professionals. Members will find pages devoted to California legislation, public policy, regulatory issues, operations, member products and services, conferences, and education. CHAPCA provider resources section is a convenient and valuable source of information about hospice and palliative care. CHAPCA member-only portal hosts the archives of CHAPCA's Need-to-Know along with CHAPCA on demand webinars.

5. Business Development

CHAPCA receives hundreds of calls each year from community partners, patients, and family looking for hospice and palliative care providers. In addition, thousands more utilize CHAPCA website listing of member hospice programs to contact providers for care. CHAPCA ONLY refer the public to CHAPCA members. Provider members now have the ability to enhance their online listing by personalizing their message to the community. CHAPCA, as a not-for-profit 501(c)(3) organization, uses GOOGLE ads that bring the public to our website.

6. CHAPCA Committees

CHAPCA encourages members to become more involved in their state organization through committee service. Committees are a vital component of CHAPCA, providing leadership, technical service, and educational assistance to members and the public. CHAPCA committee service is an opportunity for hospice and palliative care members to contribute to the field while learning from their colleagues. Current committees include Regulatory-Public Policy, Education and Leadership, and Palliative Care, and an ad-hoc billing and reimbursement work group.

CHAPCA Provider Membership Application

Corporation Information

Corporation Name:		<input type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit
Phone Number:	Website:	
Address:		
City, ST, Zip Code:		
Key Contact Full Name & Title:	Title:	
Phone Number:	Email:	



Membership Application

CHAPCA Provider Membership Dues

Dues are based on your hospice's operating expenditures as reported in the OSHPD/HCAi Report (Section 10, line 54) for the prior year.

See: <https://reports.siera.hcai.ca.gov/>

Operating Expenditures	Annual Membership Dues
\$0 – \$99,000	\$1,200
\$100,000 – \$999,999	\$2,000
\$1,000,000 – \$4,999,999	\$3,000
\$5,000,000 – \$9,999,999	\$5,000
More than \$10,000,000	\$6,000

Membership Dues Calculation

Complete the fields below to calculate your total annual dues:

Total Parent Dues:	\$
Total Branch Dues (@ \$500 each):	\$
TOTAL DUES PAYABLE:	\$

Multiple Location Discount Calculation

If your corporation operates **more than three licensed parent hospices** (each with its own CCN provider number), you **qualify for a 20% discount** on annual dues for each additional location beyond the first three.

- The **three licensed locations with the highest operating expenses** pay full dues.
- **Additional licensed locations** (Parent #4 and higher) receive the 20% discount.

Highest-Expenditure Parent Locations (Full Dues)

Parent #1 Expenditures:	\$	Dues:	\$
Parent #2 Expenditures:	\$	Dues:	\$
Parent #3 Expenditures:	\$	Dues:	\$

Additional Licensed Locations (Apply 20% Discount)

Parent #4 Expenditures:	\$	Discounted Dues:	\$
Parent #5 Expenditures:	\$	Discounted Dues:	\$
Parent #6 Expenditures:	\$	Discounted Dues:	\$
Parent #7 Expenditures:	\$	Discounted Dues:	\$
Parent #8 Expenditures:	\$	Discounted Dues:	\$



Each licensed provider location must maintain its own CHAPCA membership in good standing to access benefits, participate in committees, or be eligible for board nomination.

Membership Payment

CHAPCA dues are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. A portion of the dues is not deductible as a business expense to the extent that CHAPCA engages in lobbying. The non-deductible portion of the dues is currently estimated to be 15%.

Please contact CHAPCA at (916) 925-3770 or info@calhospice.org if you have questions about processing your provider member application.

Full payment is due with your application.

Pay by check (mail to the address below) or set up EBT (call 916-925-3770).

Submit your application:

info@calhospice.org
8153 Elk Grove Blvd., Suite 20
Elk Grove, CA 95758

Note: If you email your application, you still need to mail your check or arrange EBT payment.

CHAPCA Provider Membership Agreement

1. Membership Values and Commitments

CHAPCA members are a community of mission-driven hospice providers dedicated to compassionate, patient-centered care throughout California. We honor the values, goals, and choices of patients and families, and we uphold the interdisciplinary model addressing physical, emotional, and spiritual needs, including bereavement support.

We recognize that the hospice benefit is a vital public trust. As eligibility grows, so does our responsibility to safeguard quality, integrity, and public confidence in hospice and to stand against exploitation and fraud.

As CHAPCA members, we commit to:

- Obtaining informed consent, verifying eligibility, and documenting care consistent with federal Conditions of Participation and California regulations.
- Providing honest, accurate information about services, choices, and coverage, while respecting patient and family preferences.
- Marketing and accepting referrals ethically, without misleading practices.
- Monitoring quality, responding to concerns promptly, and improving care continuously.
- Fostering a culture of safety and nonretaliation for anyone raising concerns.
- Advancing equity, cultural humility, and access to high-quality care across communities.



2. Use of CHAPCA Name and Compliance Oversight

Use of the CHAPCA name and logo in public materials signifies a commitment to this agreement. CHAPCA reserves the right to review member conduct and request corrective action when needed, consistent with the CHAPCA Bylaws.

3. Membership Benefits and Restrictions

Membership benefits, products, services, discounts, and resources are for the exclusive use of the licensed provider location that has paid membership dues.

Benefits are for internal use only and may not be shared, transferred, or extended to branch offices, affiliates, consultants, contractors, or any non-member entity.

Accounts, logins, event registrations, and materials issued under membership are non-proratable, non-transferable, and non-refundable and may only be used by employees of the paid member location.

Consultants, contractors, or individuals engaged in outside business activities may not use or apply CHAPCA membership benefits for other organizations or business interests.

Violations are grounds for immediate suspension or termination of membership without refund, consistent with the CHAPCA Bylaws.

4. Dues and Refund Policy

Membership dues are non-proratable, non-transferable, and non-refundable., consistent with the CHAPCA Bylaws.

5. Board and Committee Eligibility

To serve on the CHAPCA Board of Directors, consistent with the CHAPCA Bylaws, or any CHAPCA committee, consistent with the CHAPCA Bylaws., all branch offices, affiliated entities, subsidiaries, parent companies, and licensed provider locations under common ownership, control, or management must maintain active membership in good standing. Failure to do so will result in disqualification or removal.

6. Definition of Common Ownership, Control, or Management

For purposes of this agreement, common ownership, control, or management includes but is not limited to:

- Any direct or indirect ownership interest in another licensed provider location, branch, or affiliate.
- Shared corporate parent, holding company, or controlling individual or individuals.
- Entities operating under the same management services organization, DBA, or trade name.
- Shared governing body, board of directors, executive leadership, or decision-makers.
- Any contractual or operational relationship allowing one entity to influence or direct another.

CHAPCA retains sole authority to determine if an entity is subject to this definition.



Membership Application

7. Enforcement

CHAPCA reserves the right, at its sole discretion and consistent with the CHAPCA Bylaws, to suspend or terminate membership immediately and without refund for misuse, misrepresentation, or violation of this agreement. Continued misuse may result in denial of future membership.

8. Authority to Bind

By signing this agreement, the undersigned affirms they are authorized to bind the named organization to all terms and conditions of CHAPCA membership and that these obligations are binding on the organization and its successors and assigns, consistent with the CHAPCA Bylaws.

9. Antitrust Notice

This agreement does not address pricing, discounts, wages, or terms of competition. All members must make independent marketplace decisions and comply with antitrust laws.

Signature of Applicant

Date

Printed Name

Hospice Parent Locations Information

Hospice Information – Location 1

Hospice Name:	
Phone Number:	Website:
Address:	
City, ST, Zip Code:	
Key Contact Full Name & Title:	Title:
Phone Number:	Email:
Primary Contact for Member Communications* Name, Title, Phone, Email	



Membership Application

Staff to Receive CHAPCA Communications *(Personal email addresses like Gmail and Yahoo won't be accepted)*

First & Last Name	Title	Work Email

Hospice Demographics *(This information will be used as part of your organization's directory listing)*

<input type="checkbox"/> Licensed <input type="checkbox"/> Licensed and Certified
CMS Certification Number (CCN):
CDPH License #:
Accrediting Organization: <input type="checkbox"/> ACHC <input type="checkbox"/> CHAP <input type="checkbox"/> JC <input type="checkbox"/> Other:
Hospice House: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a palliative program for patients not eligible or ready for hospice? <input type="checkbox"/> Yes <input type="checkbox"/> No
Staff Languages Spoken:
Counties Served*:

**List all counties this parent location serves. For branch offices, list their service areas separately under each branch.*

Hospice Information – Location 2

Hospice Name:	
Phone Number:	Website:
Address:	
City, ST, Zip Code:	
Key Contact Full Name & Title:	Title:
Phone Number:	Email:
Primary Contact for Member Communications* Name, Title, Phone, Email	



Membership Application

Staff to Receive CHAPCA Communications *(Personal email addresses like Gmail and Yahoo won't be accepted)*

First & Last Name	Title	Work Email

Hospice Demographics *(This information will be used as part of your organization's directory listing)*

<input type="checkbox"/> Licensed <input type="checkbox"/> Licensed and Certified
CMS Certification Number (CCN):
CDPH License #:
Accrediting Organization: <input type="checkbox"/> ACHC <input type="checkbox"/> CHAP <input type="checkbox"/> JC <input type="checkbox"/> Other:
Hospice House: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a palliative program for patients not eligible or ready for hospice? <input type="checkbox"/> Yes <input type="checkbox"/> No
Staff Languages Spoken:
Counties Served*:

**List all counties this parent location serves. For branch offices, list their service areas separately under each branch.*

Hospice Information – Location 3

Hospice Name:	
Phone Number:	Website:
Address:	
City, ST, Zip Code:	
Key Contact Full Name & Title:	Title:
Phone Number:	Email:
Primary Contact for Member Communications* Name, Title, Phone, Email	



Membership Application

Staff to Receive CHAPCA Communications *(Personal email addresses like Gmail and Yahoo won't be accepted)*

First & Last Name	Title	Work Email

Hospice Demographics *(This information will be used as part of your organization's directory listing)*

<input type="checkbox"/> Licensed <input type="checkbox"/> Licensed and Certified
CMS Certification Number (CCN):
CDPH License #:
Accrediting Organization: <input type="checkbox"/> ACHC <input type="checkbox"/> CHAP <input type="checkbox"/> JC <input type="checkbox"/> Other:
Hospice House: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a palliative program for patients not eligible or ready for hospice? <input type="checkbox"/> Yes <input type="checkbox"/> No
Staff Languages Spoken:
Counties Served*:

**List all counties this parent location serves. For branch offices, list their service areas separately under each branch.*

Hospice Information – Location 4

Hospice Name:	
Phone Number:	Website:
Address:	
City, ST, Zip Code:	
Key Contact Full Name & Title:	Title:
Phone Number:	Email:
Primary Contact for Member Communications* Name, Title, Phone, Email:	



Membership Application

Staff to Receive CHAPCA Communications *(Personal email addresses like Gmail and Yahoo won't be accepted)*

First & Last Name	Title	Work Email

Hospice Demographics *(This information will be used as part of your organization's directory listing)*

<input type="checkbox"/> Licensed <input type="checkbox"/> Licensed and Certified
CMS Certification Number (CCN):
CDPH License #:
Accrediting Organization: <input type="checkbox"/> ACHC <input type="checkbox"/> CHAP <input type="checkbox"/> JC <input type="checkbox"/> Other:
Hospice House: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a palliative program for patients not eligible or ready for hospice? <input type="checkbox"/> Yes <input type="checkbox"/> No
Staff Languages Spoken:
Counties Served*:

**List all counties this parent location serves. For branch offices, list their service areas separately under each branch.*

Hospice Information – Location 5

Hospice Name:	
Phone Number:	Website:
Address:	
City, ST, Zip Code:	
Key Contact Full Name & Title:	Title:
Phone Number:	Email:
Primary Contact for Member Communications* Name, Title, Phone, Email:	



Membership Application

Staff to Receive CHAPCA Communications *(Personal email addresses like Gmail and Yahoo won't be accepted)*

First & Last Name	Title	Work Email

Hospice Demographics *(This information will be used as part of your organization's directory listing)*

<input type="checkbox"/> Licensed <input type="checkbox"/> Licensed and Certified
CMS Certification Number (CCN):
CDPH License #:
Accrediting Organization: <input type="checkbox"/> ACHC <input type="checkbox"/> CHAP <input type="checkbox"/> JC <input type="checkbox"/> Other:
Hospice House: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a palliative program for patients not eligible or ready for hospice? <input type="checkbox"/> Yes <input type="checkbox"/> No
Staff Languages Spoken:
Counties Served*:

**List all counties this parent location serves. For branch offices, list their service areas separately under each branch.*

Hospice Information – Location 6

Hospice Name:	
Phone Number:	Website:
Address:	
City, ST, Zip Code:	
Key Contact Full Name & Title:	Title:
Phone Number:	Email:
Primary Contact for Member Communications* Name, Title, Phone, Email:	



Membership Application

Staff to Receive CHAPCA Communications *(Personal email addresses like Gmail and Yahoo won't be accepted)*

First & Last Name	Title	Work Email

Hospice Demographics *(This information will be used as part of your organization's directory listing)*

<input type="checkbox"/> Licensed <input type="checkbox"/> Licensed and Certified
CMS Certification Number (CCN):
CDPH License #:
Accrediting Organization: <input type="checkbox"/> ACHC <input type="checkbox"/> CHAP <input type="checkbox"/> JC <input type="checkbox"/> Other:
Hospice House: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a palliative program for patients not eligible or ready for hospice? <input type="checkbox"/> Yes <input type="checkbox"/> No
Staff Languages Spoken:
Counties Served*:

**List all counties this parent location serves. For branch offices, list their service areas separately under each branch.*

Hospice Information – Location 7

Hospice Name:	
Phone Number:	Website:
Address:	
City, ST, Zip Code:	
Key Contact Full Name & Title:	Title:
Phone Number:	Email:
Primary Contact for Member Communications* Name, Title, Phone, Email:	



Membership Application

Staff to Receive CHAPCA Communications *(Personal email addresses like Gmail and Yahoo won't be accepted)*

First & Last Name	Title	Work Email

Hospice Demographics *(This information will be used as part of your organization's directory listing)*

<input type="checkbox"/> Licensed <input type="checkbox"/> Licensed and Certified
CMS Certification Number (CCN):
CDPH License #:
Accrediting Organization: <input type="checkbox"/> ACHC <input type="checkbox"/> CHAP <input type="checkbox"/> JC <input type="checkbox"/> Other:
Hospice House: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a palliative program for patients not eligible or ready for hospice? <input type="checkbox"/> Yes <input type="checkbox"/> No
Staff Languages Spoken:
Counties Served*:

**List all counties this parent location serves. For branch offices, list their service areas separately under each branch.*

Hospice Information – Location 8

Hospice Name:	
Phone Number:	Website:
Address:	
City, ST, Zip Code:	
Key Contact Full Name & Title:	Title:
Phone Number:	Email:
Primary Contact for Member Communications* Name, Title, Phone, Email:	



Membership Application

Staff to Receive CHAPCA Communications *(Personal email addresses like Gmail and Yahoo won't be accepted)*

First & Last Name	Title	Work Email

Hospice Demographics *(This information will be used as part of your organization's directory listing)*

<input type="checkbox"/> Licensed <input type="checkbox"/> Licensed and Certified
CMS Certification Number (CCN):
CDPH License #:
Accrediting Organization: <input type="checkbox"/> ACHC <input type="checkbox"/> CHAP <input type="checkbox"/> JC <input type="checkbox"/> Other:
Hospice House: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a palliative program for patients not eligible or ready for hospice? <input type="checkbox"/> Yes <input type="checkbox"/> No
Staff Languages Spoken:
Counties Served*:

**List all counties this parent location serves. For branch offices, list their service areas separately under each branch.*

Hospice Branch Locations Information

Branch Information – Location 1

Hospice Name:	
Phone Number:	Website:
Address:	
City, ST, Zip Code:	
Key Contact Full Name & Title:	Title:
Phone Number:	Email:
Staff Languages Spoken:	
Counties Served:	



Membership Application

Staff to Receive CHAPCA Communications (*personal email addresses like Gmail and Yahoo won't be accepted*)

First & Last Name	Title	Work Email

Branch Information – Location 2

Hospice Name:	
Phone Number:	Website:
Address:	
City, ST, Zip Code:	
Key Contact Full Name & Title:	Title:
Phone Number:	Email:
Staff Languages Spoken:	
Counties Served:	

Staff to Receive CHAPCA Communications (*personal email addresses like Gmail and Yahoo won't be accepted*)

First & Last Name	Title	Work Email

Branch Information – Location 3

Hospice Name:	
Phone Number:	Website:
Address:	
City, ST, Zip Code:	
Key Contact Full Name & Title:	Title:
Phone Number:	Email:
Staff Languages Spoken:	
Counties Served:	



Membership Application

Staff to Receive CHAPCA Communications (*personal email addresses like Gmail and Yahoo won't be accepted*)

First & Last Name	Title	Work Email

Branch Information – Location 4

Hospice Name:	
Phone Number:	Website:
Address:	
City, ST, Zip Code:	
Key Contact Full Name & Title:	Title:
Phone Number:	Email:
Staff Languages Spoken:	
Counties Served:	

Staff to Receive CHAPCA Communications (*personal email addresses like Gmail and Yahoo won't be accepted*)

First & Last Name	Title	Work Email

Branch Information – Location 5

Hospice Name:	
Phone Number:	Website:
Address:	
City, ST, Zip Code:	
Key Contact Full Name & Title:	Title:
Phone Number:	Email:
Staff Languages Spoken:	
Counties Served:	



Membership Application

Staff to Receive CHAPCA Communications (*personal email addresses like Gmail and Yahoo won't be accepted*)

First & Last Name	Title	Work Email

Branch Information – Location 6

Hospice Name:	
Phone Number:	Website:
Address:	
City, ST, Zip Code:	
Key Contact Full Name & Title:	Title:
Phone Number:	Email:
Staff Languages Spoken:	
Counties Served:	

Staff to Receive CHAPCA Communications (*personal email addresses like Gmail and Yahoo won't be accepted*)

First & Last Name	Title	Work Email

Branch Information – Location 7

Hospice Name:	
Phone Number:	Website:
Address:	
City, ST, Zip Code:	
Key Contact Full Name & Title:	Title:
Phone Number:	Email:
Staff Languages Spoken:	
Counties Served:	



Membership Application

Staff to Receive CHAPCA Communications *(personal email addresses like Gmail and Yahoo won't be accepted)*

First & Last Name	Title	Work Email

Branch Information – Location 8

Hospice Name:	
Phone Number:	Website:
Address:	
City, ST, Zip Code:	
Key Contact Full Name & Title:	Title:
Phone Number:	Email:
Staff Languages Spoken:	
Counties Served:	

Staff to Receive CHAPCA Communications *(personal email addresses like Gmail and Yahoo won't be accepted)*

First & Last Name	Title	Work Email



CHAPCA Board & Committees

Interested in getting involved?

Apply for the CHAPCA Board of Directors.

Join a CHAPCA committee. Complete the attached application as part of your membership.

Committees are organized to address issues affecting provider members and the hospice community. Members of the committee are appointed by the current CHAPCA Chair and approved by the Board of Directors.

Committee members serve one-year terms and may be reappointed. CHAPCA members and staff employed by provider members are encouraged to volunteer for committee participation.

CHAPCA Board of Directors

The Board of Directors consists of eleven to fifteen members elected at large who serve two- and three-year terms and can be reappointed. The board typically meets four to five times each year. The CHAPCA Bylaws serve as the formal document that guides all association activities. The specific purpose of CHAPCA is to support and promote the delivery of services to individuals and families facing serious, life-limiting illnesses and end-of-life care. CHAPCA also has policies that guide program and financial activities.

Education & Leadership Development Committee

The Education and Leadership Development Committee identifies educational content that meets the evolving needs of hospice and palliative care providers in California. They plan the theme for the CHAPCA Annual Conference, assist with speaker selection, and develop educational formats that engage providers with strategic direction while mentoring both current and new hospice professionals, thereby promoting and cultivating interest in future leadership positions.

Public Policy & Regulatory Committee

The Public Policy Committee reviews proposed legislation that may impact hospice or palliative care, develops policy recommendations for the Board of Directors, establishes CHAPCA's legislative agenda, monitors healthcare legislation, and organizes grassroots political activities. They advocate for hospice with the California Department of Public Health, the California Department of Health Care Services, the United States Congress, and federal agencies on issues related to state and federal hospice licensure and enrollment, Medicare, Medi-Cal, and managed care.

Palliative Committee

CHAPCA's Palliative Care Committee supports CHAPCA's board, leadership, and member providers by developing resources, educational tools, and best practice models for palliative care delivery. They work collaboratively as subject matter experts in palliative care alongside the Public Policy Committee and Education Committee.



Membership Application

CHAPCA Board & Committees Application

Full Name:	Title:
Phone Number:	Email:

Member Hospice Name:
Address:
City, ST, Zip Code:

Check all positions that you are interested in joining below: <input type="checkbox"/> Education & Leadership Development Committee <input type="checkbox"/> Public Policy & Regulatory Committee <input type="checkbox"/> Palliative Committee <input type="checkbox"/> CHAPCA Board of Directors
What primary demographic do you serve? <input type="checkbox"/> We serve a population that is both urban and rural. <input type="checkbox"/> We serve a primarily rural population. <input type="checkbox"/> We serve a primarily urban population.
What is your average daily census?
Are you considered to be in a leadership position? <input type="checkbox"/> Yes <input type="checkbox"/> No
What segment of the industry do you represent? <input type="checkbox"/> Hospice & Palliative care provider <input type="checkbox"/> Hospice provider <input type="checkbox"/> Board of Directors

Why are you interested in serving on a committee at this time?
If you've previously served on the CHAPCA Board or any of our Committees, please share your experience.
If you've previously participated in association programs or services, please share your experience.



Membership Application

Do you consider yourself skilled in any of the following areas?

- ☐ Administration and Leadership
- ☐ Strategic Planning
- ☐ Special Program Focus
- ☐ Advocacy
- ☐ Other (Specify):

Which characteristics from the list below apply to you? Please check all that are relevant.

- ☐ Able and willing to support CHAPCA's programs and services
- ☐ Able to participate in committee activities
- ☐ Creative
- ☐ Integrity
- ☐ Interest in advancing CHAPCA's mission and purpose
- ☐ Interest in promoting the industry
- ☐ Logical and analytical thinker
- ☐ Open-minded
- ☐ Proactive
- ☐ Problem-solving skills
- ☐ Recognizes fiduciary responsibilities to the association
- ☐ Results-oriented
- ☐ Strategic thinker
- ☐ Strong ethics
- ☐ Team player
- ☐ Visionary (able to identify and articulate opportunities)
- ☐ Willing to commit time
- ☐ Willing to travel for meetings

What else would you like to share about yourself?