CHAPCA
VALUE IN MEMBERSHIP

2023 ASSOCIATE APPLICATION

CHAPCA ASSOCIATE MEMBERSHIP BENEFITS 2023

	Level 1	Level 2
Agency Website listed on CHAPCA Website	✔	✔
All Associate members will be listed on our website directory in CHAPCA provider member portal. This will be used as a referral source and can mean a sale and a quick ROI!		
Educational Webinars Featuring your Agency Products and Services		✔
CHAPCA promotes and hosts your agency products and services educational webinars and related education.		
Advertising and Sponsorships	✔	✔
Get a discounted rate on CHAPCA website advertisements. Sponsorship opportunities to brand and market your company/services at our Annual Conference. We will advertise all our sponsors in any pre-show marketing emails and show program. In addition, expo program will feature a directory of all exhibitors including their company information, detail of your services and representative(s). Discounted rate to sponsor and exhibit at our Annual Conference. All booth contacts will receive a complimentary pre-show expo attendee list prior to the show.		
CHAPCA Provider Member Directory	✔	✔
Request a complete list of all CHAPCA provider members.		
Showcase your Agency Events		✔
CHAPCA will include your agency education events in our education calendar. Feature your education and services in CHAPCA's Need-to-Know member emails and on our website.		
Advertising and Sponsorships		✔
FREE member spotlight advertising on CHAPCA website and social media pages. Free posting on CHAPCA's Job Boutique. EXCLUSIVE further reduced Member rates for exhibiting and/or sponsoring at CHAPCA annual conference.		
Hospice and Palliative Care News Industry Updates		✔
Free subscription to our weekly news update.		
California Hospice Provider List		✔
On-call list of ALL California hospice provider listing that will include specific demographic data that will assist you in targeting providers that need your products and services.		

CHAPCA ASSOCIATE MEMBERSHIP APPLICATION

2023

Company Name :

Key Contact :　　**Title :**

Key Contact Email :

Address :

City :　　**State :**　　**Zipcode :**

Phone Number :

Website :

CHAPCA WEBSITE DIRECTORY LISTING

Listing Category :

☐ Accreditation　☐ Billing　☐ Consulting Services　☐ Final Needs/Requests　☐ Technology

☐ Home Care Services　☐ Insurance　☐ Other :

Contact to be Listed on Website (If Different from Key Contact) :

Contact Email :

Company Description (100 Word Limit) :

If you prefer, you may email your description to info@calhospice.org. We also accept logos.

Membership Agreement :

As an applicant to the California Hospice & Palliative Care Association, I/we do affirm to voluntarily abide by and support the goals and objectives of the organization. In addition, I/we agree to accept email com munications from CHAPCA relative to the business of the Association.

_____

Signature of Applicant

_____

Printed Name

_____

Date

• •

Method of Payment for Associate Dues Level One $950.00 Level Two $2000.00

☐ **Check** ☐ **Amex** ☐ **Mastercard** ☐ **VISA**

Card Number : _____ **Exp. Date :** _____ **Card ID # :** _____

Name as Appears on Card : _____

Card Billing Address : _____

City, State, Zip

_____

Signature

Help us keep you informed! **Only list staff from member locations.**

Hospice Name :

Member Address :

NAME (FIRST/LAST)	TITLE	EMAIL