

# Indiana Hospice & Palliative Care

ORGANIZATION, INC.

## Associate/Partner Membership Application

The INDIANA HOSPICE & PALLIATIVE CARE ORGANIZATION (IHPCO) is a statewide, nonprofit organization representing patients, their family and loved ones, as well as the organizations and professionals who provide them with hospice and palliative care. The mission of IHPCO is to educate Hoosiers about choices at end of life and about palliative care. IHPCO serves as a resource to patients and families as well to persons and programs. An **Associate Member** shall be any organization that supplies goods or services to end-of-life or palliative care programs and professionals and/or is interested in keeping abreast of end-of-life or palliative care issues. Associate Members do not directly provide hospice or palliative care services.

### Benefits of Associate Membership

- Opportunities to market to IHPCO member organizations:
  - Mailing list of provider members with primary contact names (provided once per year)
  - Online directory listing with logo on the IHPCO website (ongoing listing)
  - Listing of IHPCO-members only discount or offer on website (ongoing listing)
  - Free webinar or conference call to market product/services (once per year)
  - Contribute articles to the IHPCO eNewsletter (one per year)
  - Logo in every issue of the eNewsletter (sent monthly)
- Conference Sponsorships and other exhibitor opportunities will be offered to Partners before available to others.
- Member rate to attend IHPCO events

### Membership Application

Please provide the address information you would like included in the Membership and Resource Directory.

Company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_

### Membership & Resource Directory Description

Please provide a 25-word description of your product/service for IHPCO Membership & Resource Directory.

\_\_\_\_\_

Please indicate your primary type of business:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Consultant                | <input type="checkbox"/> Funeral Home            | <input type="checkbox"/> Software Vendor    |
| <input type="checkbox"/> Medical Supply Company    | <input type="checkbox"/> Staffing Agency/Service | <input type="checkbox"/> Pharmaceutical     |
| <input type="checkbox"/> Insurance/Risk Management | <input type="checkbox"/> Legal Service           | <input type="checkbox"/> Financial Services |
| <input type="checkbox"/> Publisher                 | <input type="checkbox"/> Companion Service       | <input type="checkbox"/> Other _____        |

### Where to send this Application & Payment

Please make checks payable to IHPCO and mail to:

INDIANA HOSPICE & PALLIATIVE CARE ORGANIZATION  
P.O. Box 68829  
Indianapolis, IN 46268-0829  
Fax 317-733-2385

2025 Rate: \$600.00

Payment Method: ☐ Check

OFFICE USE ONLY:

Check No. \_\_\_\_\_ Postmarked Date: \_\_\_\_\_ Amount \_\_\_\_\_ Date Received \_\_\_\_\_