

Charlotte County Home Health Network Membership Application

Fiscal Year is: January 1 to December 31 – Annual dues are \$40/organization – Three participants/organization
Membership includes a website listing on CCHHN.org
Please Print Clearly or Type

Company/Agency Name _____
Address _____
City/State/Zip _____
Phone (____) _____
Fax (____) _____
Website _____

Category: (✓ one) ALF HHA HC-NM Infusion/Nutrition/Wound Care
 O2/DME SNF Other

Participants:

1) _____ Email: _____
2) _____ Email: _____
3) _____ Email: _____

1) Ph _____ Cell _____ Fax _____
2) Ph _____ Cell _____ Fax _____
3) Ph _____ Cell _____ Fax _____

Mission Statement: The Purpose of the Charlotte County Home Health Network is to network together for mutual problem identification and resolution; to provide local public education/awareness about the merits of home health; to work together to promote quality of home health care in our community; and, to promote and provide educational presentations for health care professionals.

Membership: is open to the Administrator (or up to 3 designees) of a staffing or home health agency, a durable medical equipment company, an IV infusion company, an oxygen supply company or a health care facility. All due-paying members will be considered as active members. Active members will have voting privileges (one vote per member) and will be included in the newspaper column. To maintain active membership status, dues must be paid within three (3) months of the Network's fiscal year (January 1 through December 31).

Make checks payable to: Charlotte County Home Health Network

Bring Membership Application and dues to CCHHN meeting and give to Treasurer or Membership Chair
(3rd Tuesday each month at 8:30AM, Royal Palm 2500 Aaron Street PC, networking prior to meeting at 8:00AM)

CCHHN membership dues received from: _____ (Organization/Member)

Dues are: \$40.00 Cash _____ or Check # _____

Received by: _____ (Treasurer)

Date Received: _____

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Brief description of Company or Services for inclusion on CCHHN.org (**50 words or less**)