



All About E-membership with NCHPP

We're Here For You: All Members of the Hospice and Palliative Care Interdisciplinary Team

Valuing the experience of the end of life....

At the core of hospice and palliative care is the belief that individuals have the right to live with dignity and without pain during the last stage of life.



What is NCHPP?

The National Council of Hospice and Palliative Professionals (NCHPP) was created to support hospice and palliative professionals and provide resources for professional and skills development. As an e-member of NCHPP, you are a professional member of the National Hospice and Palliative Care Organization and will receive Web-based and electronic benefits through e-mail. NCHPP's e-membership is complimentary* to employees and volunteers of NHPCO's current Provider Members. Subscriptions by mail for NHPCO publications are also available for an annual fee.

Mission of NCHPP

Enhance the integrity of the hospice and palliative care interdisciplinary team by advancing the development of hospice and palliative care professionals.

E-membership Benefits

- ☼ Access to the members' only section of our Web site: Visit www.nhpco.org for technical assistance, regulatory information, research and other member benefits.
- ☼ Access to *NewsLine* – our monthly newsletter to Provider members, and access to *NewsBriefs*, NHPCO's weekly update.
- ☼ Electronic Version of *Insights* – our quarterly magazine.
- ☼ Expanded List Servs/Discussion Groups/Chats – simply send one e-mail to the List Serv, and it is sent to every other member. You'll learn from seeing all posted responses.



Optional Add On Subscriptions

You may also purchase a subscription to the following publications and receive a "hard copy" directly in your post office mailbox.

- ☼ Quarterly Edition of *Insights*
- ☼ Monthly Edition of *NewsLine*



* This application is only for current employees or volunteers of NHPCO provider members in good standing. The free e-membership is dependent upon your company remaining a dues paying member of NHPCO. It is the e-member's responsibility to keep NHPCO informed of current e-mail and mailing address information.

NCHPP E-MEMBERSHIP APPLICATION FORM



Qualifications for e-membership with NCHPP: *I certify that I am an employee or volunteer with a NHPCO Provider member in good standing. I am committed to the hospice and/or palliative care mission, vision and standards and programs of care. I understand that my e-membership is dependent upon my company remaining a dues paying Provider Member of NHPCO. Should I no longer work or volunteer for the following company, I agree to let NHPCO know immediately. I understand it is my responsibility to update NHPCO of my current e-mail address in order to receive benefits.*

Name _____ Degrees _____
 Title _____ E-mail address _____
 Hospice/Company _____ Work Phone _____
 Work Address _____ Work Fax _____
 City _____ State _____ Zip _____
 Home Address _____ Home Phone _____
 City _____ State _____ Zip _____

I wish to receive membership materials at: Office Home
 I am salaried: Full-Time Part-Time
 I am a volunteer: Full-Time Part-Time

Annual NCHPP Membership Dues:

Free to employees and volunteers of current Provider members. \$ FREE (A)

Additional Subscription Rates (if applicable):

Insights (4 issues/quarterly) - \$39.95 \$ _____ (B)

NewsLine (12 issues/monthly) - \$69.95 \$ _____ (C)

TOTAL AMOUNT DUE (Sum of A, B & C) \$ _____

Check payable to "NHPCO" enclosed. (*Payment must be in US dollars and drawn on a US bank.*)

Please charge my credit card:   

Card Number Exp. Date

Name of Cardholder (Print) _____

Authorized Signature _____

(Office Use Only)	
Type	_____
ID#	_____
Payment	_____
Initial	_____
Date	_____

Please indicate your preferred NCHPP Membership Section — you may join up to two sections. Please put a check by the two disciplines that you are interested in. Indicate primary and secondary by marking "1" and "2" in front of your choices.

- | | | |
|--|--|---|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Development/Public Relations/Marketing | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Allied Therapist | <input type="checkbox"/> Finance/Information Systems | <input type="checkbox"/> Research/Academics/Education |
| <input type="checkbox"/> Bereavement Professional | <input type="checkbox"/> Nurse | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> CEO/Executive Director | <input type="checkbox"/> Performance Improvement/Quality Assurance | <input type="checkbox"/> Spiritual Caregiver |
| <input type="checkbox"/> Certified Nursing Assistant | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Volunteer/Volunteer Management |
| <input type="checkbox"/> Other _____ | | |

I agree to let NHPCO send me faxes to the fax number listed above. Signature _____

I understand that without my permission, NHPCO will not be able to send me any notifications via fax.

Please do not list my name in the NCHPP Section Directory.

Please do not release my name to hospice-oriented vendors and educators.

Please return this form with your payment to:
NHPCO, Department 929, Alexandria, VA 22334-0929 or Fax to 703/837-1233
Questions? Call 800/646-6460