

Palliative Care Provider membership applies to any program providing for or planning for specialized care for persons with life-limiting illness and their families.

Information: (Please update)

Administrator

Organization Name

Affiliated with: Hospital/healthcare system Hospice Clinic

Other _____

Address

City/State/Zip + 4

Telephone

Contact Person Name

E-mail Address

Website

Serving Our Members:

- Strong advocacy on behalf of all membership including federal and state legislative and regulatory issues
- Improved understanding of emerging and relevant issues through on-line resource centers
- Professional educational opportunities offered in a convenient variety of formats, for all members of your interdisciplinary team
- Interaction and networking through peer groups for the IDG team (nurses, social workers, chaplains, physicians, etc.) as well as leadership, finance and billing
- Access to Members Only section of the Association website www.tnhpco.org
- Timely Communications through the weekly online *Hospice News Network (HNN)* and access to archives of these publication on the Association website
- Referrals for care directed to your organization
- Research of government regulations and/or best practices on a broad range of issues
- Partnership opportunities focusing on access to hospice and palliative care (e.g. Palliative care collaboration, veterans partnership, and developmental disabilities partnership)
- Research of government regulations and/or best practices on a broad range of issues

2019 Palliative Care Membership \$100

Please return this form with your payment and make check payable to:

Tennessee Hospice and Palliative Care
Organization
P.O. Box 331132
Nashville, TN 37203

Please check box and complete attached sheet to direct additional mailings to key individuals in your organization. Please make any changes/updates directly on the form.

<p>If paying by credit card, please complete the following:</p> <p>AmEx/MC/Visa _____</p> <p>Expiration Date _____ CVV Code _____</p> <p>Name on Credit Card _____</p> <p>Billing Address _____</p> <p>Authorized Signature _____</p>
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