



Annual dues must be paid with the application online at www.athomes.org or by check: payable to ATHOMES and mailed to:

PO BOX 4411
 CARY, NC 27519-4411
 919-387-1221
 INFO@ATHOMES.ORG

MEMBERSHIP APPLICATION FORM

PLEASE CHECK IF YOU ARE: PROVIDER MEMBER ASSOCIATE/SUPPLIER MEMBER

COMPANY NAME

COMPANY CONTACT PERSON*

TITLE

**This person will receive all ATHOMES mailings, invoices & will be responsible for any decisions made for the company.*

PHYSICAL ADDRESS

CITY/STATE/ZIP

PHONE

MAILING ADDRESS

CITY/STATE/ZIP

FAX

EMAIL

WEBSITE

COUNTY IN WHICH MAIN OFFICE IS LOCATED:

COUNTIES OF SERVICE

OF LOCATIONS

LIST CITIES (MAY USE SEPARATE SHEET)

Is your site accredited? Yes No If so, by whom?

Year of first accreditation?

Classify business type:

- Free Standing
- Hospital Based
- Home Health Agency
- Hospice
- Pharmacy
- Rehab

Check all that apply:

- DME Rental & Sales
- Orthotics
- Mastectomy
- Oxygen
- Pharmacy
- Consulting
- Sales Rep/Mfr
- Rehab
- Ostomy
- IV and/or PEN

MEMBERSHIP LEVELS (PLEASE SELECT ONE):

- Provider Membership** \$500
- Associate Membership** \$500
- Bronze Level Sponsor** \$1,000
(includes membership and ONE FREE TABLE)
- Silver Level Sponsor** \$1,500
(includes membership and TWO FREE TABLES)
- Gold Level Sponsor** \$2,500
(includes membership and TWO FREE TABLES plus LUNCH SPONSOR)

OPTIONAL INFORMATION:

Are you a member of:

- AAHomecare
- TPA
- VGM
- TAHC
- TSRC
- Other _____

Who invited you to join ATHOMES?

The Association for Tennessee Home Oxygen & Medical Equipment Services (ATHOMES) is committed to the provision of home medical equipment services in an ethical manner. Up to 30% of dues may be used for lobbying.

Signature: Date: Print Name: Title: