



**PO Box 4411  
Cary, NC  
27519-4411 Phone:  
919-387-1221  
beth@athomes.org**

## Partner/Associate Member Application Form

Name of Company \_\_\_\_\_  
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 \_\_\_\_\_ E-Mail \_\_\_\_\_ Web site \_\_\_\_\_  
County in which main office is located: \_\_\_\_\_, Counties of service \_\_\_\_\_  
# of Locations \_\_\_\_\_ List cities (may use separate sheet) \_\_\_\_\_  
Is your site accredited? \_\_\_\_\_ If so, by whom? \_\_\_\_\_ Year of first accreditation? \_\_\_\_\_  
Classify business type: \_\_\_ Free Standing, \_\_\_ Hospital Based, \_\_\_ Home Health Agency, \_\_\_ Hospice, \_\_\_ Pharmacy, \_\_\_ Rehab  
Please check all that apply: \_\_\_ (1) DME Rental & Sales; \_\_\_ (2) Oxygen; \_\_\_ (3) Sales Rep/Mfr; \_\_\_ (4) Ostomy  
\_\_\_ (5) Orthotics; \_\_\_ (6) Pharmacy; \_\_\_ (7) Rehab; \_\_\_ (8) IV and/or PEN; \_\_\_ (9) Mastectomy; \_\_\_ (10) Consulting

**PLEASE ANSWER THESE! Legislative Questions based on where company is located. If multiple sites, please attach list.**

(By completing this information, ATHOMES will be able to communicate with them more efficiently when issues arise. ATHOMES will assist in determining your representation - simply email athomes@nc.rr.com for help)

Please list your Congressional District in Washington (1 through 9) \_\_\_\_\_

Have you developed a relationship with them? \_\_\_\_\_

Please list your State House District \_\_\_ Have you developed a relationship with them? \_\_\_

Please list your State Senate District \_\_\_ Have you developed a relationship with them? \_\_\_

**OPTIONAL INFORMATION:**

Are you a member of: \_\_\_ AAHomecare, \_\_\_ TAHC, \_\_\_ TPA, \_\_\_ TSRC, \_\_\_ VGM, \_\_\_ MedGroup, \_\_\_ Other

Who invited you to join ATHOMES? \_\_\_\_\_

The Association for Tennessee Home Oxygen & Medical Equipment Services [ATHOHES] is committed to the provision of home medical equipment services in an ethical manner.

**Annual dues are \$500 & must be paid with the application. by check payable to ATHOMES. mailed to PO Box 4411, Cary, NC 27519-4411**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Title: \_\_\_\_\_