



PO Box 4411
Cary, NC 27519-4411
Phone: 919-387-1221
athomes@nc.rr.com

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: _____