



**ILLINOIS
HOSPICE &
PALLIATIVE CARE
ORGANIZATION**

P.O. Box 6429
River Forest, IL 60305-6429
P: 888-844-7706
F: 888-844-7697

Associate Membership Application

An Associate Membership is specifically designed for an organization that supports the hospice and/or palliative care philosophy, vision and standards and programs of care.

Please provide the address information you would like included in the Membership and resource Directory.

Organization: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Cell phone: _____

Email: _____ Website: _____

Is your organization a 501 (C) (3)? Yes No

| | |
|---|-----------------|
| Associate Membership Dues | \$300.00 |
| Contribution to support the work of IL-HPCO, a 501 (C) (3) Organization | \$ _____ |
| TOTAL ENCLOSED | \$ _____ |

Contribution to support the work of IL – HPCO, a 501 (c) (3) Organization 90% of Americans state that they would prefer to die at home, although only 10% of Illinois, citizens receive this wish. Your donation will help IL–HPCO educate the citizens of Illinois on the end of life choices.



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Please payment: Visa MasterCard American Express Discover Check

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____

Billing Address for Card _____

City: _____ State: _____ Zip _____

By signing I authorize the Illinois Hospice & Palliative Care Organization to charge the above credit card for the amount listed above. _____ Signature

As a member of IL-HPCO, I consent to the use of my email address for receipt or organization notices and newsletters. _____

INITIALS

Please indicate your primary type of business/organization:

Please indicate the events that would be of particular interest to you:

Audio Conferences – there will be six in 2008 on a variety of topics

1-Day Conference for RNs on Pain Management

1-Day Conference for Social Workers on Legal Issues at the End-of-Life

1-Day Conference for Volunteer Coordinators

Education Conference in the Fall for Hospice Administrators and Staff

1-Day Program for the Illinois Pain Initiative

1-Day Program for the Hospice-Veteran Partnership (HVP)

Please remit payment to:

**IL-HPCO
7044 So. 13th Street
Oak Creek, WI. 53154**

Questions? Feel free to contact the IL-HPCO office by phone at 1-888-844-7706 or by email to il-hpco_membership@il-hpco.org.