



P.O. Box 6429 • River Forest, IL 60305-6429 • 888-844-7706 • Fax: 888-844-7697 • info@il-hpco.org • www.il-hpco.org  
*The Provider Membership year runs from January 1st through December 31st.*

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_ Home E-mail: \_\_\_\_\_

Title: \_\_\_\_\_

Organization Affiliated with: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_ Business E-mail: \_\_\_\_\_

List counties you serve which will be used for our Consumer Hospice Locator on www.il-hpco.org (identify a portion of a county with an asterisk\*):

**Individual Membership Dues: \$50**

**Student Membership Dues: \$30**

*Please consider an additional contribution to support the work of IL-HPCO, a 501©(3) organization. \$ \_\_\_\_\_*

Total \$ \_\_\_\_\_

**Payment Instructions:** Select method of payment.

Check is enclosed in full

Charge my credit card

Visa  MasterCard  Amex  Discover

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.

Authorized Signature: \_\_\_\_\_

As a member of IL-HPCO, I consent to the use of my e-mail address for receipt or organization notices or newsletters. \_\_\_\_\_ (initials)

**Return this form and payment to:** Illinois Hospice and Palliative Care Organization  
c/o Financial Office  
attn: Membership Dept.  
7044 S. 13th Street  
Oak Creek, WI 53154-1429

**If you have any questions or comments, please feel free to contact IL-HPCO Membership assistance at 888-844-7706 x116 or e-mail at il-hpco\_membership@il-hpco.org.**