

2026 AHPCO Non-Provider Membership Application



ALABAMA

HOSPICE & PALLIATIVE CARE ORGANIZATION

AHPCO values the involvement of all hospice supporters in Alabama. Only together will there be one united voice for Alabama's hospice industry. The 2026 Board of Directors encourages you to become an active member of AHPCO.

Membership Benefits:

- Be a part of the unified voice of Alabama's Hospice industry
- Have access to hospice professionals for questions and information
- Access to high quality conferences at discounted prices.
- Notified of and encouraged to attend the quarterly Board of Director meetings where you will have access to the decision makers of Alabama hospice agencies
- The opportunity to have your website linked to AHPCO's whereas you may gain even more exposure for your company within the hospice industry.

2026 Application for Non-Provider Membership

Non-Provider Members are corporations, organizations, individuals or other entity that is not a provider or employed by a provider of hospice or palliative services and is supportive of the hospice care concept, philosophy and profession but are not providers of these services. Non-provider membership is not available to organizations that are reimbursed for hospice care and qualify for membership to AHPCO as a Provider Member. **Non-Provider Membership dues are \$250.00** and are for one calendar year, beginning on January 1 and expiring annually on December 31.

Please complete the entire form. Please print clearly or type.
 For questions regarding this application, please email [Suzie Greer at admin@alhospice.org](mailto:admin@alhospice.org)

A) Non Provider Entity Information

Non-Provider Company Name:			
<i>(Individual/Organization/Company)</i>			
Contact Person:			
Physical Address:			
City/State/ZIP:			
Mailing Address:			
City/State/ZIP:			
Telephone:		Fax:	
Email Address:		*Website:	

*required if purchasing web link benefit

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B) Non-Provider Entity Details

Please indicate your primary type of business:

- | | |
|--|---|
| <input type="checkbox"/> Accreditation | <input type="checkbox"/> Medical Supply / DME |
| <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Companion Service | <input type="checkbox"/> Publisher |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Religious Organization |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Research and Education |
| <input type="checkbox"/> Funeral Home | <input type="checkbox"/> Skilled Nursing Facility |
| <input type="checkbox"/> Government | <input type="checkbox"/> Software Vendor |
| <input type="checkbox"/> Grief/Bereavement Center | <input type="checkbox"/> Staffing Agency/Service |
| <input type="checkbox"/> Home Health Agency | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Insurance/Risk Management | <input type="text"/> |
| <input type="checkbox"/> Legal Service | |

**I want to make the most of my membership and gain access to AHPCO members.
Please send me information on the following opportunities:**

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Exhibits | |
| <input type="checkbox"/> Sponsorships | |

C) Dues

Payment may be made by check or credit card. Membership dues are non-refundable and non-transferable.

Annual Dues: \$250.00

An additional benefit available for purchase is the opportunity to have your company's link added to the AHPCO Website allowing all member agencies, as well as those browsing our website, to easily find your company and recognize you as a partner of AHPCO. The annual fee is \$250.00 for this added benefit. If business logo is to be added, email logo in jpeg small file and small physical size to [Suzie Greer at admin@alhospace.org](mailto:Suzie.Greer@alhospace.org)

Optional Web Benefit: \$250.00

Please attach your dues payment and return it to AHPCO by February 1.
If received after February 1, 2026, a \$50.00 late fee will be applied.

Total Amount:	
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D) Payment Options

AHPCO has four options for payment:

1. **Check:** – You may mail in your completed application with a check to

Suzie Greer, Administrative Consultant
 Alabama Hospice and Palliative Care Organization
 PO Box 26131
 Birmingham, AL 35260

2. **Invoice:** Send this completed application (including following pages) to admin@alhospice.org and an invoice will be processed and sent to the appropriate person.
3. **Credit Card:** You may also provide your credit card information to AHPCO and email the credit card information to admin@alhospice.org. We suggest you use encrypted email.

Option 1

I am mailing my membership.

Option 2

Please have AHPCO invoice the person below:

Name:	
Title:	
Email	

Please cc: the person below on the invoice email

Name:	
Title:	
Email	

Option 3

Please provide credit card information below

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Other _____
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Card Number:		Exp. Date:		/	
Mailing Address of Card:					
Name on Card:					
Security Code on card:					
Authorized Signature:					

I hereby certify that my company/organization is not a hospice or palliative care provider and that everything stated in this application is correct and complete to the best of my knowledge.

Signature of person who completed this form:			
Please print name:		Date:	

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Personal and agency information provided is collected by the AHPCO and may be used for (but not limited to) maintaining membership records, event registrations, correspondence and distributing information about AHPCO, its services and products. Information may be compiled from various sources. Information collected may be used or disclosed for other operational purposes that are consistent with the mission of Alabama Hospice and Palliative Care Organization or as required by law.

The AHPCO communicates membership-related notices, benefits and related services in various ways, including telephone, fax, postal mail and electronic mail. As a member, you consent to receive these occasional communications from AHPCO.

The AHPCO occasionally makes its members' contact information available to vendors and others who provide products and services which might be of interest to its membership. If you prefer not to be included in these lists, please check this box.

**Thank you for your Membership in the
Alabama Hospice and Palliative Care Organization!**