



PO BOX 4411, CARY, NC 27519-4411
919=387-1221; INFO@ATHOMES.ORG

MEMBERSHIP APPLICATION FORM

PLEASE CHECK IF YOU ARE: PROVIDER MEMBER ASSOCIATE/SUPPLIER MEMBER

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

MEMBERSHIP LEVELS (PLEASE SELECT ONE):

- Provider Membership \$500
- Associate Membership \$500
- Bronze Level Sponsor (includes membership and *ONE FREE TABLE*) \$1,000
- Silver Level Sponsor (includes membership and *TWO FREE TABLES*) \$1,500
- Gold Level Sponsor (includes membership and *TWO FREE TABLES plus LUNCH SPONSOR*) \$2,500

OPTIONAL INFORMATION:

Are you a member of: __AAHomecare, __TAHC, __TPA, __TSRC, __VGM, __Other _____

Who invited you to join ATHOMES? _____

The Association for Tennessee Home Oxygen & Medical Equipment Services (ATHOMES) is committed to the provision of home medical equipment services in an ethical manner. Up to 30% of dues may be used for lobbying.

Annual dues must be paid with the application online at www.athomes.org ,or by check:
payable to ATHOMES and mailed to: PO Box 4411, Cary, NC 27519-4411

Signed: _____ Date: _____ Print Name: _____ Title: _____