



Being a member of AAHomecare has not only supported our organization in becoming stronger to take care of our community, but it also

has helped us to network across the nation, developing relationships with other providers who are seeing similar situations in their regions and working together to come up with solutions that are better for the industry as a whole.

Cheryl Henninger,
Geroulds Healthcare Center/
Community Care Health Solutions

aahomecare.org/membership

Company Information

Company Name _____

DBA (Directory Listing) _____

Primary Contact _____

Title _____ Email _____

Number of Locations _____ Annual Homecare Revenue _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone _____ Website _____

Company Administrator* _____

(*This person can edit company profile and contacts, receive invoices, etc.)

Company Administrator Title _____

Email _____

NPI(s) _____

(NOTE: If more space is needed for NPIs, please upload as cvs or xls to minau@aahomecare.org)

Business Type (Check One) _____ Business Mix (Check all that Apply) _____

___ Provider/Supplier
(Provides HME/supplies directly to consumers - B2C)

___ Manufacturer/Distributor
(Makes or sells HME supplies to suppliers - B2B)

___ Other/Ancillary Services
(Provides services to support the industry)

___ Breast Pumps

___ CRT

___ Diabetic Supplies/CGM

___ Enteral

___ General HME

___ Incontinence

Other: _____

___ Ostomy/Urologicals

___ Pediatric

___ Respiratory

___ Standard Mobility

___ Ventilators

___ Woundcare

Council Interest

AAHomecare advisory councils provide a forum for members with common interests to play a leadership role in AAHomecare programs, advocacy, communications, and education. Please indicate the council(s) on which you or a staff member would be interested in serving.

☐ Medical Supplies
☐ Complex Rehab and Mobility

☐ HME/Respiratory Therapy
☐ Breastfeeding Coalition

FCC Permissions

The Federal Communications Commission requires advance written permissions from all recipients of faxes and e-mails containing "any material advertising the commercial availability or quality of any product, goods, or services." Please sign below to grant AAHomecare permission to fax and e-mail information.

Signature _____ Date _____



Application for Membership

Membership Dues

Member dues are based on a company's gross annual sales revenue in all categories of home medical equipment, services, and supplies generated by all of the company's business locations and divisions. Membership dues are the largest part of the Association's annual budget. Accurate reporting of your company's revenue is critical if the Association is to continue working on the many issues that challenge the HME industry.

HME Revenue	Annual Dues
Under \$600,000	\$550
\$600,000 - \$1,000,000	\$900
\$1,000,001 - \$2,500,000	\$1,450
\$2,500,001 - \$5,000,000	\$2,850
\$5,000,001 - \$7,000,000	\$4,000
\$7,000,001 - \$10,000,000	\$5,800
\$10,000,001 - \$20,000,000	\$8,000
\$20,000,001 - \$40,000,000	\$12,000
\$40,000,001 - \$70,000,000	\$20,000

If your company is not directly involved in the supply, distribution, and/or manufacturing of home medical equipment – but rather, is a supplier of ancillary services to the HME industry – dues are based solely on gross annual revenues for the company.

Dues payments to the American Association for Homecare are not deductible as charitable contributions for federal income tax purposes. However, such payments may be deductible under other provisions of the Internal Revenue Code. Federal law states that a portion of your dues (currently 35%) for lobbying is not deductible.

Payment Options

Please make your membership dues payment to AAHomecare by credit card or check. AAHomecare has an automated, recurring membership program for our members.

Corporate Partners

Bronze	\$25,000
Silver	\$40,000
Gold	\$50,000
Platinum	\$60,000
Diamond	\$75,000
Legacy	\$125,000

aahomecare.org/membership

HME Dues

For your convenience, AAHomecare offers an auto-pay enrollment to have your membership automatically charged to the credit card designated by you. Invoices are generated according to your billing preference, and your credit card will be processed the 1st-10th of each month. You can update your payment information at any time.

Sign up for auto-pay today!

☐ I would like to sign up for AAHomecare auto-pay using the credit card below.

☐ Annual ☐ Bi-Annual ☐ Quarterly

☐ I will not sign up at this time but offer a one time authorization to bill my credit card below.

☐ Visa ☐ Mastercard ☐ American Express

Name on Credit Card: _____

Card # _____

Exp. Date _____

3-4 Digit CVV _____

Alternatively, you can make a membership dues payment by ACH or check (mailing address listed below). ☐ ACH ☐ Check

By the signature affixed below, I hereby certify that the information submitted in this application is true, complete, and correct to the best of my knowledge and belief.

Signature _____

Date _____