



FLORIDA ALLIANCE OF HOME CARE SERVICES SPONSORSHIP APPLICATION - 2017

SPONSORSHIP INFORMATION

Associate Sponsorships are designed for consultants, manufacturers and other support service businesses not otherwise qualified for regular membership in FAHCS. FAHCS has a wide range of membership levels available, designed to meet the needs of business and to offer greater participation in all of FAHCS' events and organization. A full description of the benefits, per level, is below. The input of Associate Members is very important to our growth and future success. Although Associate Members may not vote, Associate Members are welcome to attend meetings and events all year and as a sponsor, your company gets special benefits outlined below:

Executive Level Membership

\$1,500 Fee- Benefits of the Executive level include:

Listing on the FAHCS Website with link from the FAHCS Website to your company website, Listing on the FAHCS Newsletter of your Membership Level, Members List, and benefits include one FREE tabletop booth at annual show with two attendees.

Partnership Level Membership

\$3,000 Fee- Benefits of the Partnership level include:

Listing on the FAHCS Website with link from the FAHCS Website to your company website, Listing on the FAHCS Newsletter of your Membership Level, Members List, Two Web Blasts per year- at a time of your choosing, to all FAHCS Members, one FREE tabletop booth at annual show with two attendees, and option to participate in a FAHCS committee.

Presidential Level Membership

\$5,000 Fee- Benefits of the Presidential level include:

Listing on the FAHCS Website with link from the FAHCS Website to your company website, Listing on the FAHCS Newsletter of your Membership Level, Members List, 4 Web Blasts per year- at a time of your choosing, to all FAHCS Members, one FREE tabletop booth at annual show with two attendees, option to participate in multiple FAHCS committees.



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ASSOCIATE SPONSORSHIP APPLICATION - 2017**

COMPANY INFORMATION

Company Name: _____ dba: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ Zip: _____ State: ____ Yr Established: _____ # of Employees _____

Office # _____ Fax# _____ Cell# _____

Email: _____ Alt Email: _____

Choose which best describes your company:

- Attorney Accountant/CPA Billing Service Billing Software Computer IT Consultant Distributor
 Group Purch Org Manufacturer Manuf. Rep. Mergers/Acquisitions Repair State Assoc Website Design
 Other _____

Assoc Sponsorship Level

- Presidential Level - \$5000 Annually; Partnership Level - \$3000 Annually; Executive Level - \$1500 Annually

PAYMENT INFORMATION

I am also a member of: AA Homecare VGM MEDGroup; Payment can be made by check or Credit Card

Company: _____ Contact: _____

Email address: _____ Phone: _____

Amount to Charge: \$ _____ Signature: _____ Date: _____

Credit Card M/C VISA AMEX - Card # _____

Exp Date _____ V-Code (3 digit - 4 digit for AMEX) _____ Billing Zip Code _____

Or Check # _____ enclosed for \$ _____

*Please add \$ _____ to be used for the Legislative Fund activities. Up to 50% of dues can be used for lobbying purposes.

Please fax your Credit Card information to secure fax number below or send a check to:

FAHCS - P.O. Box 4411 - Cary, NC 27519-4411 - Phone 919-387-1221 - Fax: 919-249-1394 - www.FAHCS.us; info@FAHCS.us