



Would you agree that private duty home care is the fastest growing segment of home care in America? Would you also agree there are incredible untapped opportunities as well as challenges to growing your private duty home care business? And would you also agree we can always learn more about our business by being actively involved with other leaders in private duty home care? If so, you'll want to know more about the National Private Duty Association (NPDA) – "The Voice of Private Duty Home Care."

As the nation's first association for providers of private duty home care, NPDA members provide both home health care and non-medical home care services such as companion care, elder care, and in-home assisted living services. We currently have nearly 1,200 members and 24 state chapters across the country. Our members seek to enhance the strength and professionalism of private duty home care providers through education and identification of best practices. NPDA is recognized as the resource for information and definition of private duty home care practice.

The best investment for you to make in yourself and your business is membership in NPDA. Please complete the following membership application and return it with your payment information. You'll be glad you did!

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## National Private Duty Association – 2010 Application – Voting Membership

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**SECTION 1: COMPANY INFORMATION**     **New Member**                       **Renewing Member**

**Representative/Main Contact:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_\_) \_\_\_\_\_ **Toll Free:** (\_\_\_\_\_) \_\_\_\_\_

**License Number:** (If applicable in your state) \_\_\_\_\_

**\*E-mail for NPDA Communications:** \_\_\_\_\_

**E-mail listed on NPDA website:** \_\_\_\_\_

**Date Business Established:** \_\_\_\_\_

**Agency Structure:**  Non-profit  Hospital Based  Corporation  Franchise  Other \_\_\_\_\_

**How did you learn about NPDA?**  Website  Newsletter  Postcard  Mailing  Referral

**If referred, whom may we thank?** (Name/Company) \_\_\_\_\_

\*The majority of the information NPDA shares and provides to our members is done via e-mail. In order to receive the most benefit from your membership with NPDA, it is important to have the most current e-mail information. This information is used solely for the purpose of ensuring the most effective means of communication between NPDA and our members. NPDA does not sell, rent or make your e-mail address available to any 3<sup>rd</sup> party vendor.

## SECTION 2: SERVICES PROVIDED

### Please select the services provided by the organization:

- Attendant Care       Case Management       Companion Care       Home Health Aid       Home Maker
- Infusion Therapy       Maternal/Child       Medical Adult Day Care       Pediatrics       Respite Care
- Sitter       Skilled Nursing       Other \_\_\_\_\_
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## SECTION 3: MEMBERSHIP ELIGIBILITY & TERMS OF AGREEMENT

### Does your organization employ (issue W-2's) to at least 90% of its field service staff?

- Yes       No

### Is the organization directly or indirectly connected to another entity that operates a registry model?

(For this purpose, (a) a registry model means an entity that employs less than 90% of its direct care staff, and (b) "directly or indirectly connected" means where the organization and a registry are under common ownership or control.)

- Yes       No

### As a member of NPDA, I certify that the organization provides the following services to our clients:

- Creates a plan of care, service plan or care plan for each of our clients
- Conducts a criminal background check and checks for references for each of our direct care staff
- Maintain 24/7 on-call accessibility to a staff member for after hours emergencies
- Performs periodic supervisory visits for each of our clients
- Maintains Workers' Compensation coverage and carry professional liability insurance as required by law

If membership eligibility is questioned, NPDA has the right to require proof of eligibility, including proof of business model. By submitting this application, I certify that our company employs at least 90% of its caregiving staff and does not directly or indirectly operate a registry model home care business. I hereby verify that the information provided on this application is, to the best of my knowledge, correct and that misrepresentation of information can result in denial of our application for membership or later termination of our membership. I understand that if any information furnished at anytime concerning our eligibility for membership is not correct, the dues we have submitted may be forfeited to NPDA. I understand that the membership benefits we receive are to be used only by our company and its employees. I understand that if we desire to change the representative/main contact, we are required to provide NPDA with a letter notifying NPDA of the change and name of new representative/main contact. Furthermore, I understand that our membership in NPDA cannot be transferred to anyone. I am aware that information on contacting our company will be available for viewing by the public on the NPDA website. **I certify that the above information is true and that my home care company does comply with all NPDA membership criteria:**

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## SECTION 4: NPDA MEMBERSHIP DUES

### **Voting Membership: \$480**

Private duty home care agencies and individual franchises employing at least 90% of their workforce. Voting members shall have voting rights and can hold office or serve as an officer or Director or the Association. They may also chair any standing committee of the Association.

Dues are based on a twelve-month period from the date on which your company joins. For example, if your membership begins April 1, 2010, your membership expires on March 31, 2011. This information will be provided in the Membership Packet you receive and will be stated on your Membership Certificate.

Contributions to NPDA are not deductible as charitable contributions for federal income tax purposes. However, 95% of your NPDA Membership dues payment is deductible as an ordinary business expense. NPDA estimates that 5% of the dues payment will be directed to lobbying expenses and is therefore not deductible in accordance to the Omnibus Reconciliation Act of 1993.

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**continued**

**SECTION 5: CHAPTER MEMBERSHIP DUES** (Chapter membership is not required but is highly encouraged)

Please select one of the following: (NPDA Membership is required to be eligible for Chapter membership)

- Alabama Chapter: Dues = \$125**  
*(50% of chapter dues are used for lobbying expenses allowing 50% to be deducted as an ordinary business expense)*
- Alaska Chapter: Dues = TBD (This is a new chapter and dues are being determined.)**
- Arizona Chapter: Dues = \$150**  
*(0% of chapter dues are used for lobbying expenses allowing 100% to be deducted as an ordinary business expense)*
- Northern California Chapter: Dues = \$500 for one office and \$125 per each additional location**  
*(10% of chapter dues are used for lobbying expenses allowing 90% to be deducted as an ordinary business expense)*
- Southern California Chapter: Dues = \$100**  
*(0% of chapter dues are used for lobbying expenses allowing 100% to be deducted as an ordinary business expense)*
- Colorado Chapter: Dues = \$500 & Special Assessment = \$1,250** (Chapter will invoice and collect special assessment)  
*(100% of chapter dues are used for lobbying expenses allowing 0% to be deducted as an ordinary business expense)*  
*(100% of the special assessment is used for lobbying expenses allowing 0% to be deducted as an ordinary business expense)*
- Connecticut Chapter: Dues = \$100**  
*(10% of chapter dues are used for lobbying expenses allowing 90% to be deducted as an ordinary business expense)*
- Florida Chapter: Dues = \$500 & Special Assessment = \$100 per month** (Chapter will invoice and collect special assessment)  
*(10% of chapter dues are used for lobbying expenses allowing 90% to be deducted as an ordinary business expense)*  
*(100% of the special assessment is used for lobbying expenses allowing 0% to be deducted as an ordinary business expense)*
- Georgia Chapter: Dues = \$100 & Special Assessment = \$300** (Chapter will invoice and collect special assessment)  
*(0% of chapter dues are used for lobbying expenses allowing 100% to be deducted as an ordinary business expense)*  
*(100% of the special assessment is used for lobbying expenses allowing 0% to be deducted as an ordinary business expense)*
- Illinois Chapter: Dues = \$150**  
*(10% of chapter dues are used for lobbying expenses allowing 90% to be deducted as an ordinary business expense)*
- Iowa Chapter: Dues = \$75**  
*(0% of chapter dues are used for lobbying expenses allowing 100% to be deducted as an ordinary business expense)*
- Maryland Chapter:** Please contact NPDA Chapter Liaison Kevin Smith at (317) 663-3637 for more information.
- Michigan Chapter: Dues = \$300**  
*(90% of chapter dues are used for lobbying expenses allowing 10% to be deducted as an ordinary business expense)*
- Minnesota Chapter: Dues = \$100**  
*(0% of chapter dues are used for lobbying expenses allowing 100% to be deducted as an ordinary business expense)*
- Eastern Nebraska Chapter: Dues = \$10**  
*(0% of chapter dues are used for lobbying expenses allowing 100% to be deducted as an ordinary business expense)*
- New Mexico Chapter: Dues = \$60**  
*(0% of chapter dues are used for lobbying expenses allowing 100% to be deducted as an ordinary business expense)*
- North Carolina Chapter: Dues = \$125 (Charter Member)/\$75 (Others)**  
*(0% of chapter dues are used for lobbying expenses allowing 100% to be deducted as an ordinary business expense)*
- Ohio Chapter: Dues = \$425**  
*(50% of chapter dues are used for lobbying expenses allowing 50% to be deducted as an ordinary business expense)*
- Greater Pittsburgh Chapter: Dues = \$50**  
*(100% of chapter dues are used for lobbying expenses allowing 0% to be deducted as an ordinary business expense)*
- Eastern Pennsylvania Chapter: Dues = \$200**  
*(10% of chapter dues are used for lobbying expenses allowing 90% to be deducted as an ordinary business expense)*
- Texas Chapter: Dues = \$25**  
*(0% of chapter dues are used for lobbying expenses allowing 100% to be deducted as an ordinary business expense)*
- Vermont Chapter: Dues = \$100**  
*(0% of chapter dues are used for lobbying expenses allowing 100% to be deducted as an ordinary business expense)*
- Washington Chapter: Dues = \$250**  
*(100% of chapter dues are used for lobbying expenses allowing 0% to be deducted as an ordinary business expense)*
- Wisconsin Chapter: Dues = \$75**  
*(0% of chapter dues are used for lobbying expenses allowing 100% to be deducted as an ordinary business expense)*
- No chapter currently exists in my state but I am interested in learning more about starting a chapter.**
- I do not wish to join a chapter at this time.**

**SECTION 6: TOTAL AMOUNT DUE**

**NPDA Membership =** \_\_\_\_\_ (Amount from Section 4)  
**Chapter Membership =** \_\_\_\_\_ (Amount from Section 5)  
**Total Amount Due =** \_\_\_\_\_ (Amount from Section 4 & 5 combined)

**SECTION 7: PAYMENT INFORMATION**

**Method of Payment:** (Please select one)     Check     VISA     MasterCard  
 Quarterly Credit Card Payment\*  
*\*If selecting quarterly option, please complete Section 8: Authorization Agreement.*

**Credit Card #:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_ **CSC #:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION 8: AUTHORIZATION AGREEMENT**

I hereby authorize the NPDA to initiate quarterly charges to my: (Please select one)

VISA     MasterCard

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CSC #: \_\_\_\_\_

Account Holder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This authorization is to remain in full force and effect until NPDA has received written notification from me (the participant) of its termination. Written notification must be received by NPDA by the last business day of the month to avoid a charge for the following month. Once you have enrolled in the quarterly credit card program, you are committed to pay full annual dues in 4 quarterly payments. If you fail, for whatever reason, to complete your full membership dues obligation, you are still liable for the remaining unpaid balance.

**SECTION 9: SUBMITTING THE APPLICATION & PAYMENT**

**Please make checks payable to: National Private Duty Association**

**Please mail application and payment to: National Private Duty Association  
941 E. 86<sup>th</sup> Street, Suite 270  
Indianapolis, IN 46240**

**If you prefer to fax your application, send to: (317) 663-3640**

Payment must accompany the membership application. Please allow 10-14 days for processing the application. Once processed, a Membership Packet will be sent with information about your membership in NPDA.