



## Industry Relations Council Application

AAHCM **Industry Relations Council (IRC)** is available to organizations that support the goals and mission of AAHCM and provide products or services used in the area of Home Care Medicine. Participation is for one year. Benefits are extended to a single corporate-designated representative. This is a non-voting role.

**AAHCM MISSION** AAHCM delivers on the promise of interdisciplinary, high value health care in the home for all people in need by promoting the art, science and practice of home care medicine. It is the professional association that represents physicians, nurse practitioners, physician assistants, social workers and others working in the field of home care medicine.

**1 Year IRC Membership \$5000**

Organization: \_\_\_\_\_

Designated representative: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Website address (URL): \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

**Please briefly depict your organization's alignment with AAHCM and its mission:**

**Payment (in U.S. funds only):** Check payable to the American Academy of Home Care Medicine.

Dues are not deductible as a charitable contribution or for tax purposes.

Dues may be deductible as an ordinary and necessary business expense. Consult your tax adviser for information.

**Email, fax or mail application and payment to:**

American Academy of Home Care Medicine (AAHCM)

**2700 Lighthouse Point East, Suite 220**

**Baltimore, MD 21224**

410.862.0395 | Fax 443.451.8362

swarkentine@aaahcm.org

[www.aaahcm.org](http://www.aaahcm.org)

Check #: \_\_\_\_\_

Amount: \_\_\_\_\_

**Credit Card Info (a 3% service charge will be added to the total for credit card payments)**

CC Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_