



Dues Computation Form for Provider Membership Renewal for 2010

For agency reporting purposes, the percentage of dues used for lobbying in 2009 was 20%. Members will be notified of any change in this percentage once the 2010 budget is approved by the Board of Directors.

Provider Membership dues are based on Total Gross Home Care Revenues* from New Hampshire business for the organization's most recent fiscal year. Please complete the table below to calculate Provider Membership dues, select a payment option, and sign and return the form by December 1, 2009 to: HCANH, 8 Green Street, Suite 2, Concord, NH 03301.

**For exclusions and more information refer to the Association's Provider Membership and Dues Policies.*

I. DUES CALCULATION

- A. Enter date of most recent fiscal year ___/___/___
- B. Enter Total New Hampshire Home Care Revenues for most recent fiscal year \$_____
Required
- C. Calculate dues amount as follows:
- (1) If amount in I.B. is < \$275,000 or less, enter \$1,100 \$_____ Minimum dues \$1,100
- (2) If amount in I.B. is ≥ \$275,000 but < \$1,375,000, then
dues = Revenues x .004 \$_____
- (3) If amount in I.B. is ≥ \$1,375,000, refer to dues table \$_____ Maximum dues \$10,500
- D. Your total dues (enter amount from Section I.C.) \$_____*

II. PAYMENT OPTION

- A. ___ Single payment option. \$_____
Payment of total annual dues due by Jan. 1, 2010.
- B. ___ Two-payment option. To calculate: Divide amount in I.D. by two (2). \$_____
Payments due January 1 and July 1.
- C. ___ Four-payment option. To calculate: Divide amount in I.D. by four (4). \$_____
Payments due January 1, April 1, July 1, and October 1. (Not Available to New Members)

**** Please note that new members joining in January have a two payment plan available. New members joining mid-year must pay their dues in 1 payment the first year.**

Agency Name

Executive Director/CEO Signature

Date