



*Please complete and return one form and dues payment **per parent office.***

1. Hospice Information

Hospice Name		TN License #	
Address		Phone	
City		State	ZIP
Website			

Branch city			Branch city	
Branch director			Branch director	
Director e-mail			Director e-mail	

2. Dues Calculation Use aggregate patient totals for parent location plus associated branches.

Total Patients Admitted in 2016	X	Per Patient Assessment	=	2017 THO Dues Amount*
		\$4.00		

THO bylaws require an annual **minimum dues amount of **\$300** and a **maximum** of **\$3,500 per parent office.***

Make checks payable to THO and return with a copy of this completed form to the address below. Payment and information should be submitted by April 28, 2017.

Tennessee Hospice Organization
5201 Virginia Way
Brentwood, TN 37027

3. Contact Information To better serve you, please provide the requested contact information below. This information will be used only by THO and will not be shared with outside entities.

Title	Name	E-mail	Phone
Administrator			
Chaplain			
Clinical Director			
Medical Director			
Volunteer Director			

For Office Use Only:

Received Date: ____/____/____ Payment Processed: ____ Database Updated: ____ Email Sent: ____
 Website log-in/password: ____ Active on website: ____ Website directory up-to-date: ____