



902 Ash Street, Suite 200, Winnetka, IL 60093, 847 441 7200 • info@il-hpco.org • www.il-hpco.org

Member Information

Name of Organization:
Address:
City/State/Zip:
Phone: Fax: E-mail:
Name of CEO/Executive Director:
Title:
Business Address:
City/State/Zip:
Business Phone: Business Fax: Business E-mail:

List counties you serve which will be used for our Consumer Hospice Locator on www.il-hpco.org (identify a portion of a county with an asterisk*):

As a member of IL-HPCO, I consent to the use of my e-mail address for receipt of organization notices and newsletters. (initials).

Non-Licensed Providers

\$200 per non-licensed provider. Only offered to individuals not affiliated or employed by a hospice or palliative care organization. Non-licensed providers includes, volunteer hospice programs, prison hospice programs and non-provider businesses, corporate or commercial, research.

Please consider an additional contribution to support the work of IL-HPCO, a 501c (3) organization. \$

Method of Payment: (Please select one) Amount Authorized to Charge: \$
Check American Express Discover MasterCard Visa
Credit Card Number: Expiration Date: Security Code #
Name on Card: (Please Print)
Billing Address for Card:
City State Zip
By signing I authorize the Illinois Hospice & Palliative Care Organization to charge the above credit card for the amount listed above.
Authorized Signature:

See next page please.....

For others to receive IL-HPCO updates (mailings, e-news, and special announcements) in addition to the contact above, enter staff information here:

Name	Title	Phone Number	Email
	Primary Contact		
	Hospice Director/President		
	Medical Director		
	CFO/Finance Manager		
	Clinical VP/Manager/Director		
	Operations/Purchasing Manager		
	Marketing/PR/Development		
	Compliance Officer		
	Patient Care Coordinator		
	Social Work Coordinator		
	Bereavement Coordinator		
	Spiritual Care Coordinator		
	Volunteer Coordinator		
	Education Coordinator		
	Legislative Contact Person (LCPs) Grass Root Legislative		
	Other:		
	Other:		

Return this form and payment to: Illinois Hospice and Palliative Care
902 Ash Street, Suite 200
Winnetka, IL 60093

**If you have any questions or comments, please feel free to contact IL-HPCO Membership
by phone 847.441.7200 or email pcramer@il-hpco.org**