



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

Non-Licensed 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: _____

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 include, 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 # _____
(3-4 digit # on card)
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: _____

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