



NEW MEXICO ASSOCIATION FOR CONTINUITY OF CARE

Membership Application & Invoice
Membership term runs annually, January through December

Please print the following form and submit, by mail, with your payment to the following address:

NMACC, PO Box 23176, Albuquerque, NM 87192

Membership Type: ___ **Individual** ___ **Flexible** ___ **Corporate** **Date:** _____

Business name: _____

Individual name: _____

Individual title: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Fax: _____

Email: _____

Alternate Email (for email notices only): _____

Website address: _____

Contact Names (if corporate membership): _____

Contact Title (if corporate membership): _____

Category Listing:

Please select the category that best describes your primary service (**Column P**). Choose only one category. Additional categories can be purchased at a cost of \$25 each per year (**Column A**).

P A

- Adult Day Care
- Assisted Living
- Case Management/Care Coordination
- Counseling
- Durable Medical Equipment Supply
- Eligibility Assistance
- Financial Advisor
- Guardianship, Power of Attorney, Trusts
- Hospice
- Hospital/Outpatient Medical Care

P A

- In Home Care (Medical)
- In Home Care (Non Medical)
- Legal Assistance
- Long Term Care Insurance
- Nursing Homes/Rehab Facilities
- Residential Care Homes
- Retirement Communities
- Respite
- Support & Referral Services
- OTHER

Payment Calculation	Qty.	Unit Price	Total
Individual Membership (non-transferrable)		\$135.00	
Flexible Membership (Can be used by any ONE representative of the business entity. Memberships are transferrable within the business)		\$155.00	
Corporate Membership (Can be used by any THREE representatives of the business entity. Memberships are transferrable within the business)		\$425.00	
Category Listings (Each membership includes one category listing) Additional listings are \$25 each (as indicated above).		\$25.00	
Website link (Links to your business website are \$25 each and are NOT included with a membership)		\$25.00	
		TOTAL	\$

IMPORTANT NOTE: This application and your payment is the only invoice you will receive. Be sure to make a copy of it before submitting it to NMACC. Thank you.