



2026 Provider Member Registration Form
Complete this application and return with payment to:

Virginia Association for Home Care and Hospice
 PO Box 71
 Quinton, VA 23141

Phone: 804-285-8636
 Email: VAHC@VAHC.ORG

Primary Location:

Agency Name: _____

Mailing Address: _____

City, State, Zip _____

Representative: _____

Title: _____

Phone: _____ **Fax:** _____

Email: _____ **Web:** _____

Circle All Provider Categories That Apply:

Medicare Certified Home Health
 Licensed Home Health
 Medicaid Home Health
 Medicaid Personal Care
 Private Duty

Licensed Hospice
 Medicare Hospice
 Medicaid Hospice
 Palliative Care
 Durable Medical Equipment

Please complete for ALL additional locations (use additional sheet if needed):

<u>ADDITIONAL LOCATIONS</u>	
Agency:	
Representative:	
Address:	
City, State, Zip:	
Phone:	FAX:
Email:	
Agency:	
Representative:	
Address:	
City, State, Zip:	
Phone:	FAX:
Email:	

Per IRS section 6033(e): 23% of your membership dues are not deductible as business expenses because they relate to VAHC's lobbying expenses.

**VIRGINIA ASSOCIATION FOR HOME CARE & HOSPICE
PROVIDER MEMBER DUES FORM
January 1, 2026 - December 31, 2026**

Calculate your agency's total gross revenue applicable to Virginia for 2025.
That revenue is the grand total of all your entities (locations and service lines) in Virginia.
Entities include branches, hospice, DME, infusion, personal care, home health, private duty, etc.

**PLEASE VERIFY YOUR 2025 GROSS REVENUES BY ONE OF THE METHODS LISTED
BELOW. Circle One**

- a. An audited financial statement or fiscal year-end profit and loss statement. Calculate your dues based on projected revenues for the rest of the year. Forward the financial or profit/loss statement to the VAHC office by March 1, 2026.
- b. A letter from your accountant, CFO, Finance Director, Agency Administrator or Branch Manager certifying your projected gross revenues based on current year-to-date.

I, (name) _____, **certify that the attached statement is a true declaration of** (organization name) _____ **gross revenues in Virginia.**

Signature: _____ **Date:** _____

Title: _____

Use this chart to calculate amount due based on your 2025 Gross Annual Revenue

2026 VAHC Dues

Gross Revenues Under \$1,999,000 X .0023

Gross Revenues Over \$2,000,000 X .0015

(Minimum Dues \$750.00; Maximum Dues \$10,000)

**Please make change on enclosed estimated invoice.
Return this form with adjusted invoice and payment.**

Gross Annual Revenue: \$ _____ X 0.0023 or 0.0015 = _____

2026 Annual Dues: \$ _____ (add 3% convenience fee if paying by credit card)
(Cannot be less than \$750)

Amount Enclosed _____

Payment Schedule (circle one) **Annual (Due Jan. 1)** **Semi-Annual (Due Jan. 1 and Jul. 1)**

Please make check payable to VAHC

Virginia Association for Home Care & Hospice
PO Box 71, Quinton, VA 23141 • T-804-285-8636