**Oklahoma Hospice & Palliative Care Association**

**P.O. Box 1466, Ardmore, OK 73402**

**Phone: 405-985-9197**

**WWW.OHPCA.ORG**

**2023 MEMBERSHIP INVOICE**

**Member Type: Individual Membership**

**Contact Information**

**Primary Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_**

**Individual Memberships are available to any person with an interest in supporting and promoting hospice. An Individual Member MAY NOT be an employee, officer or volunteer of a hospice that is not a member of the OHPCA. These memberships are available to physicians, professionals in the industry, individuals in the private sector who are involved with hospice and palliative care.**

**Individual Membership Dues: $250.00**

**Primary Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment Method: Check \_\_\_ Visa \_\_\_ Mastercard \_\_\_ American Express \_\_\_**

**Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_ /\_\_\_ Security Code: \_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Credit card information will be destroyed after receipt.

**Make all checks payable to: OHPCA**

**PO Box 1466**

**Ardmore, OK 73402**

**THANK YOU FOR YOUR CONTINUED SUPPORT OF THE OHPCA!**

**Please contact Marta Sullivan @** [**martasullivan64@gmail.com**](mailto:martasullivan64@gmail.com) **with any questions.**