

# DISTRICT OF COLUMBIA HEALTH CARE ASSOCIATION

1220 L. Street, N.W. Suite 100-242  
Washington, D.C. 20005  
An affiliate of AHCA

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## 2017 ASSOCIATE MEMBERSHIP

Our firm hereby applies for Associate Membership in the District of Columbia Health Care Association, which entitles the firm to privileges and rights thereof, including an invitation to quarterly membership meetings and receipt of regular DCHCA mailings. This applicant understands that the annual dues are \$600.00.

**PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN THIS RENEWAL NOTICE ALONG WITH A CHECK IN THE AMOUNT OF \$600 PAYABLE TO DCHCA. MAIL TO:**

DCHCA Executive Office  
1220 L Street, NW  
Suite 100-242  
Washington, DC 20005

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web address: \_\_\_\_\_

Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Referred by: \_\_\_\_\_

Provide brief description of product or services: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\*PLEASE BE ADVISED THAT, PER SECTION 6033(e) OF THE INTERNAL REVENUE CODE, DCHCA REASONABLY ESTIMATES THAT 36.6% OF YOUR DCHCA DUES, WILL BE SPENT ON LOBBYING AND OTHER EXPENDITURES SUBJECT TO SECTION 162(e)(1) OF THE CODE AND THEREFORE THESE PERCENTAGES ARE NOT DEDUCTIBLE FOR FEDERAL INCOME TAX PURPOSES.**

***Any member of DCHCA delinquent in dues for a period of ninety (90) days shall be notified of such delinquency and suspended from membership. If dues are not paid within the succeeding thirty (30) days, the delinquent member shall forfeit all rights and privileges of membership and shall be deemed expelled.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date