

DISTRICT OF COLUMBIA HEALTH CARE ASSOCIATION

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

2023 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 \$650.00.

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 31.5% 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.**

Signature

Date