



**Nova Scotia
HomeCare
Association**

Nova Scotia HomeCare Association

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MEMBERSHIP APPLICATION FORM - 2011

Business Name:
 Address:
 City: Postal Code:
 Owner's Name: Title:
 E-mail: Phone:
 Website: Fax:

MEMBERSHIP CRITERIA

FULL MEMBERSHIP \$100.00 annually, \$50 joining fee

A Full Member is any private homecare provider earning at least 50% of their revenue from homecare.

◆ To be eligible for a full membership, the business shall:

- provide evidence that the firm is bondable (eg. copy of certificate);
- demonstrate it has been in business for at least two years (state number of years _____);
- be registered with the Workers' Compensation Board of Nova Scotia, and with the Nova Scotia Registry of Joint Stock Companies as a partnership or corporation;
- provide satisfactory references (see below).

ASSOCIATE MEMBERSHIP \$75.00 annually, \$50 joining fee

Associate Members comprise individuals, non-profits, government agencies, nursing homes, residential care facilities, small options homes, community residences, homes for the aged, respite homes, group homes, senior homes and those homecare businesses which do not yet qualify for Full Membership (eg. sole proprietorships, businesses less than two years old, unregistered businesses, etc. Please underline or state reason for ineligibility for Full membership.....)

◆ To be eligible for a non-voting associate membership, the business/organization shall:

- provide satisfactory references (see below).

Reference 1:

Name: Phone:

Reference 2:

Name: Phone:

Signature: Date:

"I agree to abide by the NSHCA By-laws, Mission Statement & Ethical Guidelines."

[The By-laws, Mission Statement & Ethical Guidelines are located on the NSHCA website.]

[Satisfactory references should include current individual or institutional clients. We do not recommend providing references from relatives or suppliers and professionals – such as your banker, broker or accountant.]

Office Use Only	<input type="checkbox"/> Full <input type="checkbox"/> Associate Member	Approval Date: _____
Certificate presented _____	Payment: _____	Renewal Date: _____