2025 INDIVIDUAL MEMBERSHIP

FORM

Name: Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Individual Annual Dues: $100.**

*Please Note: 9.4% of your 2025 dues are not tax deductible because they are associated with lobbying activities.*

 **PAYMENT INFORMATION**

Checks can be made payable to: Home Care Aide Council

 PO Box 6828

 Holliston, MA 01746

To pay by credit card, please complete below and forward to the Council office by mail at the address above, or email to jwattfaqir@hcacouncil.org

Please check one:

 American Express MasterCard VISA

(3 or 4 digit code on reverse) Exp. Date / (Month/Year)

Card Number

Cardholder’s Name

Billing Address

City State Zip

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