

WASHINGTON STATE ASSOCIATION of HOME CARE SERVICES

MEMBERSHIP APPLICATION	
Agency Name:	
Name of Contact Person:	
Title of Contact Person:	
Agency Mailing Address:	
City, State and Zip Code:	
Agency Area Code and Telephone Number:	
Agency Area Code and Fax Number:	
Contact Person's E-mail Address:	
# Hours Provided October 2006 :	
Dues Payable (see chart below):	

WSAHCS ANNUAL DUES CALCULATION

Dues are based on the number of hours of home care service provided in the previous October. To determine your agency's 2007 annual dues, find the number of hours of home care service provided by your agency in October of 2006 on the chart below. The corresponding amount represents your agency's dues for 2007.

Hours of Service Provided in October, 2006	2007 Dues Amount
Less than 5,000 hours	\$370
5,001 to 10,000 hours	\$500
10,001 to 15,000 hours	\$635
15,001 to 20,000 hours	\$900
20,001 to 25,000 hours	\$1,165
25,001 to 30,000 hours	\$1,430
Over 30,001 hours	\$1,695
Non-voting, Associate Membership	\$50

Make your check payable to "**WSAHCS**" and mail it and a completed copy of this form by

January 31st 2007 to:

Juanita Wiggin, Treasurer, WSAHCS
c/o Kitsap Home Care Services
5610 Kitsap Way Ste 350
Bremerton, Washington 98312