



Oklahoma Hospice & Palliative Care Association

P.O. Box 1466, Ardmore, OK 73402

Phone: 405-985-9197

WWW.OHPCA.ORG

2026 MEMBERSHIP INVOICE

Member Type: Patron Membership

Section A. Contact Information

*Primary Contact: _____	Phone: _____
Title: _____	Email: _____
Secondary Contact: _____	Phone: _____
Title: _____	Email: _____
Company Name: _____	
Address: _____	City: _____ State: _____
Zip: _____	

Section B. OHPCA Patron Member Dues

Patron Member is an individual, institution, firm, or organization, which desires to promote the hospice affiliation with Oklahoma Hospice & Palliative Care Association. A Patron Member shall be a Non-Voting Member.

New Membership Dues: \$700 Membership Renewal: \$650

Payment Method: Check Visa Mastercard American Express

Name on Card: _____

Billing Address: _____

Card Number: _____ Expiration Date: ___/___ Security Code: _____

Signature: _____ Date _____

Credit card information will be destroyed after receipt.

Make all checks payable to: **OHPCA**
PO Box 1466
Ardmore, OK 73402

THANK YOU FOR YOUR CONTINUED SUPPORT OF THE OHPCA!
Please contact Marta Sullivan @ martasullivan64@gmail.com with any questions.