



# Oklahoma Hospice & Palliative Care Association

P.O. Box 1466, Ardmore, OK 73402

Phone: 405-985-9197

WWW.OHPCA.ORG

## 2026 MEMBERSHIP INVOICE

### Individual Membership

#### A. Contact Information

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Individual Memberships are available to any person with an interest in supporting and promoting hospice. These memberships are available to physicians, professionals in the industry, individuals in the private sector who are involved with hospice and palliative care.

Employees of Agency Members are considered OHPCA members by virtue of their employer's membership.

#### B. Payment section

Individual Membership Dues: \$250.00

Primary Contact: \_\_\_\_\_ Company: \_\_\_\_\_

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

Send Check to: OHPCA PO Box 1466

Ardmore, OK 73402

THANK YOU FOR YOUR CONTINUED SUPPORT OF THE OHPCA!

Please contact Marta Sullivan @ [martasullivan64@gmail.com](mailto:martasullivan64@gmail.com) with any questions.