



# Oklahoma Hospice & Palliative Care Association

P.O. Box 1466, Ardmore, OK 73402

Phone: 405-985-9197

WWW.OHPCA.ORG

## 2026 MEMBERSHIP INVOICE

### Palliative Care Member

#### Section A. Contact Information

\*Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_ Medicare Provider Member # \_\_\_\_\_

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

*\*Individual who will receive all Provider information from OHPCA, be listed as the primary contact on the OHPCA Website and Membership Directory and serve as Voting Delegate.*

Corporate Office Information (if different from above) Company: \_\_\_\_\_

President/CEO: \_\_\_\_\_ Address: \_\_\_\_\_

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

#### Section B. OHPCA Palliative Care Member Dues

**Palliative Care Member must be actively providing palliative care medicine and**

**Palliative care approaches patients and families. Each Provider shall have one (1) vote.**

**Membership Dues: \$500**

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.