North Carolina Program of All-Inclusive Care for the Elderly (NC PACE) Association
Affiliate Application

Company Information

Company Name		Website
Address		Suite/Floor
City	State/Country	ZIP
Main Company Phone *(for directory listing)*	Main Company E-mail *(for directory listing)*	
Contact Name	Contact Title	
Contact Email	Contact Direct Phone	

Professional Information

Check the profession that you represent:

- ☐ Accountant
- ☐ Architect
- ☐ Bank
- ☐ Consultant
- ☐ Electronic Medical Record Provider
- ☐ Food Service Company
- ☐ Insurance Provider
- ☐ Law Firm
- ☐ Medical Product Provider
- ☐ Medical Service Provider
- ☐ Nonprofit / Government
- ☐ Pharmacy
- ☐ Rehabilitation Services Provider
- ☐ Transportation Services Provider
- ☐ Other_____

Briefly describe your product or services_____

Does your organization currently offer these products or services to PACE organizations? ☐ Yes ☐ No

Annual Dues

Annual dues are calculated on a calendar year, January 01 to December 31. New affiliate dues are billed quarterly, per table below:

January 1 to March 31..... $3,000

April 1 to June 30.....$2,500

July 1 to September 30. .....$2,000

October 1 to December 31. .....$1,500

Payment

Dues are non-refundable and non-transferable. Dues are not a tax-deductible donation, but may be eligible as a business expense deduction.

☐ Check #_____(payable to NC PACE) ☐ Invoice Me ☐ Charge my Visa, MasterCard, or AmEx in the amount of $_____

Card Number | Expiration Date | Billing Zip Code | CVC (3 digit code on back of card)

Name of Cardholder | Signature | Date

Terms & Conditions

Designation as a NC PACE Association Affiliate is available to organizations/professionals that are interested in the objectives of NC PACE Association and provide or offer products or services to our members and must not be an excluded organization from participation in state or federally funded programs. To be considered for designation as an NC PACE Association Affiliate, interested organizations must complete the NC PACE Association Affiliates application and submit full payment. Organizations designated as NC PACE Association Affiliates may use the NC PACE Association Affiliate name and/or logo in accordance with the NC PACE Association marketing guidelines. The NC PACE Association board reserves the right to terminate a designation of any organization that does not comply with the policies and requirements governing the NC PACE Association Affiliate program. Determinations of the board are final.

☐ I agree to abide by the policies governing NC PACE Association Affiliates. _____

Signature | Date

Please remit application and payment to:

NC PACE Association

PO Box 670, Willow Springs, NC 27592

Questions? Contact Lynette Tolson; lynette@ncpace.org or 919-440-0331