

Wyoming Hospice Organization Provider Member Dues

Dear W.H.O. Provider Members:

Membership to the Wyoming Hospice Organization ensures continued support to the end of life care providers throughout the state of Wyoming. Your support also brings valuable information and support to those at the end of life and their caregivers.

We are working hard to provide services equal to surrounding states with valuable information and resources. We hope to keep the Wyoming Hospice Organization a viable resource for all Wyoming end-of-life care providers through newsletters, a web-site, trainings, and intense conference and workshop topics.

We appreciate your support of our visions and thank you in advance for your continued support. Please use the formula below to calculate your dues and return this form with payment. We hope that you will continue to support our visions.

Wyoming Hospice Provider Dues:

Provider Name: _____ Phone: _____

Contact Name: _____

Address: _____

Email Address: _____

Annual Dues per provider agency: \$350.00 plus

ADC over 12 in previous year: \$10.00 per patient: $\$10.00 \times \underline{\hspace{1cm}} = \$\underline{\hspace{1cm}}$

Total Dues: \$ _____

Please make check payable to the **Wyoming Hospice Organization** and mail to:

Linda Gault, Director
32 Corthell Road
Laramie, WY 82070

Once again, we'd like to thank you for your continued support.

The Executive Board,
Wyoming Hospice Organization

Linda Harbron – President

Pam Brunsell – Vice President

Tera Gillette – Director

Elaine Kozisek – Secretary

Sue Tardif - Director

Rogene Long – Treasurer

Donna Lowery - Director