

ADVOCONNECTION
Membership Application



This application is located at: <http://members.advoconnection.com/join/application.asp>

Application Form

Fields with * must be included.

The following information is administrative and will not be seen by the public.

* Contact Name:	<input type="text"/>								
* Contact Email: (This email address will be used in conjunction with membership, but not on the AdvoConnection website.)	<input type="text"/>								
* Re-enter Email:	<input type="text"/>								
* Contact Phone (with area code):	<input type="text"/>								
* Number of advocates and employees:	<input type="text"/>								
* Mailing address for corporate office / home location:	<table border="1"> <tr> <td>address</td> <td><input type="text"/></td> </tr> <tr> <td>city</td> <td><input type="text"/></td> </tr> <tr> <td>state/province</td> <td>-- Select a location -- <input type="text"/></td> </tr> <tr> <td>zip/postal code</td> <td><input type="text"/></td> </tr> </table>	address	<input type="text"/>	city	<input type="text"/>	state/province	-- Select a location -- <input type="text"/>	zip/postal code	<input type="text"/>
address	<input type="text"/>								
city	<input type="text"/>								
state/province	-- Select a location -- <input type="text"/>								
zip/postal code	<input type="text"/>								
* Type of membership applying for: <small>Not sure which membership to choose?</small>	<input checked="" type="radio"/> Directory Only <input type="radio"/> Premium <input type="radio"/> Business								

We will review your application to be sure you are ready to be listed in the [Advocate Directory](#). Please supply the following information to help us assess your readiness:

What company is your advocacy/navigation business insurance with?	<input type="text"/>
Where can we find online/web information about you and your advocacy/navigation work? (Websites, LinkedIn, Facebook or others—please give entire links for up to 3 sites)	<input type="text"/>

Choose your login information so you can edit your listing:

* Choose an ID for login (must be at least 8 characters):	<input type="text"/>
* Choose a password: (must be at least 8 characters)	<input type="text"/>
* Repeat your password choice:	<input type="text"/>

Input information below as you would like it to appear in your listing at the AdvoConnection patient website:

* Name of Advocate or Organization:

* Services provided:

Important! [Read about choosing your services here.](#)

- Medical / Navigational Assistance (Helping you work with your medical providers.)
- Background Research: Diagnosis, Treatment Options and more
- Hospital Bedside, or Travel / Accompaniment to Appointments
- Pain Management
- Geriatric / Eldercare or Home Health Services
- Mediation (Helping families manage health-related disagreements)
- Mental Health and Substance Abuse Assistance
- Medical Bill Reviewing / Health Insurance / Payer Assistance
- Pregnancy, Birth and Pediatric Assistance
- Integrative, Holistic, Complementary and Alternative Therapies
- Prevention (Prescription Drug Review, Health/Wellness Coaching, Weight Loss, Immunity, Others)
- Legal Assistance including SSI (Medical / Healthcare Related)
- Other - Please Specify

Web URL (Address):

* Contact information to be listed publicly:

name	<input type="text"/>
email	<input type="text"/>
phone	<input type="text"/>

* Locations:

Important! [Read about designating your location here.](#)

1. Text description of location:
 2. Choose one:
 - We serve all of the U.S. OR: We serve all of Canada
- OR:
- We provide services anywhere within this state or province:
- OR:
- We will provide services within a 200-mile radius of this location: ZIP/Postal Code:
- We have a second location, too: ZIP/Postal Code:
- Please contact me. We have additional, specific locations.

Are you eligible for any membership dues discounts?

- iRNPA
- NAHAC
- Other:

How did you hear about AdvoConnection?

Premium and Business Membership Applications should also fill out the following:

Logo or photo: Don't have your logo ready to upload? You will be able to add it later.	<input type="button" value="Choose File"/> No file chosen It must be a .jpg or .gif or .png, no more than 200px by 200px in size. If you aren't sure about the format, please send your logo or photo in an email to info(at)advconnection and we will format it for you.
Description of your work: (Up to 2,000 characters, including spaces and punctuation marks – that's about 250 words)	<div style="border: 1px solid #ccc; height: 100px;"></div>
Please provide a one sentence description of the services you provide and your service area:	<input type="text"/> For example: <i>We serve patients in Florida who need help understanding their diagnosis.</i>
<i>Testimonials will be added separately.</i>	

Please acknowledge the following:

* I understand that application to be a member of AdvoConnection does not guarantee membership and that no fees will be collected until I have been approved for membership.	<input type="radio"/> yes <input checked="" type="radio"/> no
* I understand that once accepted, I will be invoiced. My listing at the patient site and access to my member benefits will be granted upon payment in full.	<input type="radio"/> yes <input checked="" type="radio"/> no
* I understand that once accepted, my membership may be revoked at any time by AdvoConnection's site owner.	<input type="radio"/> yes <input checked="" type="radio"/> no
* I understand that AdvoConnection takes no responsibility for the quality of my work or outcomes for my patient-customers.	<input type="radio"/> yes <input checked="" type="radio"/> no
* I understand that my inclusion on the AdvoConnection website does not guarantee patient-customers will find me, nor that I will acquire any new customers through the site.	<input type="radio"/> yes <input checked="" type="radio"/> no

Once you hit the “submit” button at the bottom of the form, you will have the opportunity to review the answers you have provided once more before it gets sent for review.

If you have questions, don't hesitate to contact us at: info@advconnection.com.

This application is located at: <http://members.advoconnection.com/join/application.asp>