



American Board of Home Care

Protecting our Elderly through educating those who serve them

ABBREVIATED REAPPLICATION FORM

(only for use by existing members)

Please complete this form and send it with your check for \$600 to:
ABHC of San Diego County, P.O. Box 880051, San Diego, CA 92168-0051.

- 1) I have read ABHC's current application package and my signature below confirms that this company remains compliant to all ABHC's eligibility requirements. _____
Initial Here
- 2) I have read ABHC's current Code of Conduct as posted on ABHC's website and agree to comply with each item listed. _____
Initial Here
- 3) My signature authorizes ABHC, it's leadership team and/or committee members to shop my company without notice to confirm compliance to ABHC's Eligibility requirements. _____
Initial Here
- 4) I understand and agree that submission of this signed reapplication and accompanying \$600.00 dues check does not guarantee membership in ABHC for the new year. _____
Initial Here
- 5) I would like to continue to serve on the (circle one)
a) Education Committee or b) Membership Committee.

I understand and agree to attend 75% of my Committee meetings to be considered eligible for any participation credit. _____
Initial Here

6) I authorize my Insurance Broker _____
name & contact

and or underwriter _____
name, contact & policy numbers

to release information to ABHC and it's volunteers to verify all current insurance coverages and limits, for Professional and General Liability and Workers Compensation including all class codes covered. _____
Initial Here

Owner's/Director's signature

Title

Date

Signed by (please print)

Company/Organization