



## WHAT ARE SOME OF THE BENEFITS OF PCA?

**Annual Conference Rate:** Discounted Member Rate Annual Conference: Essential updates and education, legislative and legal items specific to PCA, business development, networking with sponsors and other PCA members.

**New Member Reception:** Meet the Board and other new or prospective PCA members at the annual conference during a special reception to provide a basic overview and orientation to the PCA.

**Newly Designed and User-Friendly Website:** Get breaking legislative news and all the resources PCA has to offer, including: A Member's Only discussion and issue forum, Legislative Updates, Coming Events, Members in the News, Member Directory and links to other tools and resources essential to registries.

**Learning to Lobby:** PCA offers informational sessions to teach you how to connect and lobby PCA and registry issues at both state and national levels. This session is held in conjunction with PCA Fly Ins to Washington D.C.

**Registry Do's and Don'ts:** PCA provides an informative pamphlet outlining the basics of caregiver registries, including the essential do's and don'ts and issues commonly faced by registries with tips on how to effectively manage these challenges.

**Compliance:** Through the CRSB registries can make application to become an accredited caregiver registry. This is essential to ensure your registry is running according to business model standards. Additional fee required for accreditation.

**PCA Newsletter, email blasts, Webinars and other information sessions offered via phone and Internet:** Stay up to date on current legislative and registry essential issues in the convenience of your office or home. Members will receive a discounted rate for all webinars.

**Use of PCA logo** on printed and web-based materials with required link back to PCA site.

**Member Materials** for public relations and marketing, including Consumer Brochure & Sample Advertisements.

*\*\*Our dues structure is based on an annual renewal schedule from the date you join*

**Private Care Association**

**PO Box 0911 Southern Pines NC 28388-0911 \* Phone: (855) 722-0911 \* Fax: (910) 695-0766**



## PCA Membership Application 2017

New Member
  Renewal

### VOTING MEMBER INFORMATION

First Name:		Last Name:	
Email Address:			
Company:			
Address:			
City:	State:	Zip:	
Phone:			
Website:			
Alternate Contact Name:			
Alternate Contact Email Address:			

### Is your registry licensed?

- Yes  
 No

*If yes, what type of license? and License #(s)*

*Before you complete your Application, we ask that you please review our "Registry Do's and Don'ts" Guide on the previous page.*

**According to the PCA's "Registry Do's and Don'ts" Guide, is your business currently operating as a Caregiver Registry?**

- Yes  
 No

### MEMBERSHIP DUES

*\*Select your membership tier based on office locations. Office locations are defined as any location that you conduct, have conducted, or plan to conduct business out of; and/ or that an employee regardless if PRN, PT, or FT conducts business; and/ or that generates revenue on behalf of the company.*

*\*\*Only one location is the classified Voting Member; additional locations are considered Non-Voting Members.*

### REGULAR MEMBER

#### National Only

- National Only: 1 Office Location**  
*National Membership Only: 1 Office Location \*all Florida members must join as National and FL State Chapter members.....\$1,200*
- National Only: 2 Office Locations**  
*National Membership Only: 2 Office Locations \*all Florida members must join as National and FL State Chapter members.....\$1,500*

#### Florida State Chapter & National

- Florida plus National: 1 Office Location**  
*Florida plus National Membership: 1 Office Location \*all Florida members must join as National and FL State Chapter members.....\$2,400*
- Florida plus National: 2 Office Locations**  
*Florida plus National Membership: 2 Office Locations \*all Florida members must join as National and FL State Chapter members.....\$2,700*

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<input type="checkbox"/> <b>National Only: 3- 5 Office Locations</b> <i>National Membership Only: 3- 5 Office Locations *all Florida members must join as National and FL State Chapter members.....\$1,800</i>	<input type="checkbox"/> <b>Florida plus National: 3-5 Office Locations</b> <i>Florida plus National Membership: 3-5 Office Locations *all Florida members must join as National and FL State Chapter members.....\$3,000</i>
<input type="checkbox"/> <b>National Only: 6- 10 Office Locations</b> <i>National Membership Only: 6- 10 Office Locations *all Florida members must join as National and FL State Chapter members.....\$3,000</i>	<input type="checkbox"/> <b>Florida plus National: 6-10 Office Locations</b> <i>Florida plus National Membership: 6-10 Office Locations *all Florida members must join as National and FL State Chapter members.....\$4,200</i>
<input type="checkbox"/> <b>National Only: 11- 20 Office Locations</b> <i>National Membership Only: 11- 20 Office Locations *all Florida members must join as National and FL State Chapter members.....\$5,000</i>	<input type="checkbox"/> <b>Florida plus National: 11-20 Office Locations</b> <i>Florida plus National Membership: 11-20 Office Locations *all Florida members must join as National and FL State Chapter members.....\$6,200</i>
<input type="checkbox"/> <b>National Only: 20+ Office Locations</b> <i>National Membership Only: 20+ Office Locations *all Florida members must join as National and FL State Chapter members.....\$7,500</i>	<input type="checkbox"/> <b>Florida plus National: 20+ Office Locations</b> <i>Florida plus National Membership: 20+ Office Locations *all Florida members must join as National and FL State Chapter members.....\$8,700</i>

**OTHER MEMBERSHIPS**

**Associate Membership (non-voting member)**  
 Business entities that provide services and/or other relationship to the industry.....\$995

**Franchise Memberships Available**  
 Please contact PCA directly at [membership@privatecare.org](mailto:membership@privatecare.org) or (855) PCA-0911

**NON-VOTING ADDITIONAL LOCATION INFORMATION (IF APPLICABLE)**

**First Additional Location**

First Name:		Last Name:	
Email Address:			
Company:			
Address:			
City:	State:	Zip:	
Phone:			
Website:			

**Second Additional Location**

First Name:		Last Name:	
Email Address:			
Company:			
Address:			
City:	State:	Zip:	
Phone:			
Website:			



**Third Additional Location**

First Name:		Last Name:	
Email Address:			
Company:			
Address:			
City:		State:	
Phone:			
Website:			

(Please Add Pages as Needed when Adding Multiple Additional Locations)

<b>PAYMENT OPTIONS</b>			
Total amount from membership selection: \$		<input type="text"/>	
<input type="checkbox"/> <b>Check:</b> Make payable to PCA Check Number: _____			
<input type="checkbox"/> <b>Credit Card</b> <b>Select Credit Card Payment Option:</b> <input type="checkbox"/> Annual Payment <input type="checkbox"/> Semi-Annual Payments <input type="checkbox"/> Quarterly Payments <input type="checkbox"/> Monthly Payments			
<i>*Upon approval, we will automatically bill your credit card and your total charges will appear on your credit card statement. You may cancel this automatic billing authorization at any time by contacting us at <a href="mailto:membership@privatecare.org">membership@privatecare.org</a></i>			
<b>Authorization for Credit Card Payment(s)</b>			
Card Number:			
Expiration Date:		CSC #:	
Account Holder's Name:			
Signature:		Date:	
<b>3 Easy Ways to Submit:</b>			
<b>Mail Application and Payment:</b> Private Care Association PO Box 0911 Southern Pines, NC 28388			
Join/ Renew online via <a href="http://www.privatecare.org/">www.privatecare.org/</a> Select Join the PCA/ Select PCA Membership Form *selecting this option you will need to email any additional location information to <a href="mailto:membership@privatecare.org">membership@privatecare.org</a>			
Email Application to <a href="mailto:membership@privatecare.org">membership@privatecare.org</a>			
Payment must accompany the membership application. Once processed you will receive a confirmation of PCA Membership and your Member Certificate.			



## Registry Do's and Don'ts

The following is a suggested guide to the basics of running a caregiver registry. Please keep in mind that each state has different regulations and these are typical industry standards. If your registry is not currently accredited through the Caregiver Registry Standards Board (CRSB) we highly recommend going through that process. [info@crsb.com](mailto:info@crsb.com)

A registry should meet the following administrative criteria:

- Maintain financial standards if utilizing an escrow account
- Obtain criminal background checks on each owner or administrator
- Maintain general liability insurance and professional liability insurance
- Conduct face to face interviews with all registry caregivers
- Keep all caregiver and client information confidential

A registry should provide the caregiver with:

- A written contract with the registry
- A written explanation of the caregivers responsibilities as an Independent Contractor
- A written explanation of the caregivers tax responsibilities
- A written explanation that the caregiver is utilizing the registry as a source for referrals
- A written explanation that the caregiver is responsible for their own profit and loss

A registry should obtain the following from each caregiver:

- Form W-9, reflecting an EIN, rather than a SSN
- Form I-9
- Criminal background check
- Executed Fair Credit Reporting Act notice/acknowledgement
- Executed *PCA Standardized Self-Employment Disclosure Statement*
- Business name
- Business card, if any
- Representations concerning tools and equipment the caregiver uses in his/her business

A registry should NOT

- Issue a W2 to caregiver;
- Determine the scope of duties or how duties are to be performed by the caregiver
- Dictate how, when or where the work is to be done
- Provide training to the caregiver on required procedures
- Reimburse the caregiver for expenses
- Offer any type of benefit or insurance to the caregiver

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