

The Wisconsin Association for Home Health Care (WiAHC) is a professional membership association that represents Wisconsin home health care agencies and their staff. WiAHC supports its members in promoting home health care as a quality, cost-effective health care option in Wisconsin. WiAHC supports members by providing continuing education, networking opportunities, legislative advocacy and more.

Agency Member Benefits:

- Continuing Education Events
- Professional Development Opportunities
- Monthly E-Newsletter Legislative Advocacy
- Discounted rates for Spring and Fall Conferences
- Online Resources
 - Searchable member directory Member-Only Listserve

 - Career Centér
 - Archived webinars

Agency Membership - Apply Inside!

Agency membership status is for those organizations which, as their primary purpose, directly provide home health services, to the sick, disabled or terminally ill in their homes.





Become an Agency Member of the Wisconsin Association for Home Health Care Today!



2023 Membership Application

The Wisconsin Association for Home Health Care is an association representing agencies in the state of Wisconsin. Membership will help support the association's work to make Wisconsin's home health care services a high quality option for all residents of the state.

Thank you!

Agency:		One Time 10% Discoul	One Time 10% Discounted Prices for New Members	
Address:		\$3,000 - Level 3 (total ar		
City, State, Zip:		\$2,000 - Level 2 (total ar		
Region (see map to the right):		and 1000 than \$1.5m)	and 1000 than \$1.5m)	
Counties Served:			Make checks payable to: Wisconsin	
Primary Contact:		Region Northeastern	Association for Home Health Care, Inc (or WiAHC)	
Title/Position:		Polit Region	37.8% of 2021 WiAHC dues are not	
Phone:		Rac Cross	deductible as a section 162 business expense for federal income tax purposes	
Email:		Southern Southern Region		
Website:		Lidsyste Green Rock microry Control Co	is not a PAC. Please keep this notice with your tax records	
EHR:		Total Amount: \$		
Signature:		CHECK #.	a	
Additional Agency Contact(s):		Card Number: Expiration Date:/_	Security Code:	
Name:	Title/Postion:	Email:	Committee Interest:	