

# HealthCare Friends

A Networking Group of Health Care Professionals

Since 2001-- Supporting Health Care and Related Organizations in Greater Cincinnati & No. Kentucky

## Membership Form

Date: \_\_\_\_\_

Please Mail Membership Form and Check to:

**HealthCare Friends**

10573 Pimlico Park  
Union, Ky. 41091

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**\$100.00 per person** Membership Fees are Per Person--per Calendar Year:

(Members pay no additional charges for meetings or events during the calendar year Non-member fee: \$15.00 per person per meeting)

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\$ \_\_\_\_\_ Total Amount Enclosed \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card

Member Organization \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Corporate WEB Address: [WWW](http://WWW) \_\_\_\_\_

Primary Member: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Member: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Member: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Member: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Member: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

For More Information Contact: Marsha Bell 513-470-4854  
e-mail: [mbell@healthcare-friends.com](mailto:mbell@healthcare-friends.com) FAX: 859-918-1690  
[www.healthcare-friends.com](http://www.healthcare-friends.com)